DRAFT December 2006

ARIZONA SEXUALLY TRANSMITTED DISEASE OUTBREAK RESPONSE PLAN

Arizona Department of Health Services
Division of Public Health Services
Office of HIV, STD, and Hepatitis C Services
Sexually Transmitted Disease Control Program

PREFACE

The purpose of the Arizona Sexually Transmitted Disease (STD) Outbreak Response Plan is to guide coordinated efforts between the Arizona STD Control Program (ASTDP), county and local health jurisdictions, tribal health jurisdictions, community-based organizations, and other government and non-government agencies in response to an outbreak of STDs in Arizona. The following outbreak response plan is based on the Arizona Department of Health Services' (ADHS) *Guide to Conducting Outbreak Investigations for Arizona*, relevant sections of the Arizona Administrative Code, Arizona STD Program protocols, and the Centers for Disease Control and Prevention's (CDC) *Program Operations Guidelines for STD Prevention*.

In general, responsibility for declaring and responding to an outbreak of STD lies with the county or tribal public health authority. The ASTDP Manager in consultation with county or tribal disease epidemiologists and STD managers will determine the status and or the extent of outbreaks declared based on available surveillance data, anecdotal information or reports of sentinel events. In certain tribal areas where tribal jurisdiction extends beyond state lines (e.g., the Navajo Nation), the ASTDP will work closely with Indian Health Services (IHS) staff and STD control staff of neighboring states. State disease epidemiologists, communicable disease investigators, and other state resources stand ready to assist or lead county outbreak investigation and response efforts.

DISEASE SURVEILLANCE

Disease surveillance is the fundamental tool to identify disease trends, provide data on risk factors, direct outreach efforts and other prevention efforts, and detect outbreaks, including those of sexually transmitted diseases. The ASTDP performs routine surveillance of STDs, enabling the detection of any unusual morbidity trends or outbreaks in a relatively timely manner. Additionally, county and tribal health jurisdictions, including IHS service units, also routinely monitor disease morbidity and work with local partners to assist in prevention efforts.

Under Arizona Administrative Code (AAC) R9-6-202, 203, 204, and 205, a health care provider, an administrator of a health care facility or correctional facility, an administrator of a school, child care establishment, or shelter, or their authorized representatives shall submit a communicable disease report to the local health agency. The local health agency is usually the county health department or tribal health agency. Clinical laboratory directors or their representatives shall submit laboratory reports to the state health department. Pharmacists and administrators of pharmacies shall submit reports to the state health department. Violation of reporting rules is a class III misdemeanor and is subject to referral to the facility's licensing

agency or provider's state licensing board. With respect to sexually transmitted diseases, entities are required to report positive cases of syphilis, gonorrhea, chlamydia, chancroid, and herpes within five working days of diagnosis, treatment, or detection.

Medical and laboratory providers collect information on a Communicable Disease Report (CDR) form and on a laboratory slip, respectively. The State maintains disease data received from laboratories, medical providers, and other agencies in a centralized database system. The information captured includes name, date of birth, address, race or ethnicity, gender, pregnancy status, sexual preferences, date of specimen collection, type of test and test results (and dilution in case of RPR or VDRL), diagnosis, and treatment.

The Maricopa, Pima, Yuma, and Coconino County STD programs follow each early syphilis or congenital syphilis case and conduct detailed interviews using CDC 73.54 forms to gather information on sex partners (for partner identification and notification, referral etc.) and high-risk behavior. Tribal investigators follow and interview early syphilis and congenital syphilis cases identified in tribal jurisdictions. Communicable Disease Investigators (CDI) and epidemiologists from the ASTDP follow and interview each early syphilis or congenital syphilis case identified in other Arizona counties. The extent to which county health departments conduct investigations and partner notification efforts for STDs other than syphilis depends on the number of local cases and resources available.

The Maricopa County STD Program maintains syphilis interview information in an ACCESS database as well as entering disease information directly into the State STD database. The Pima County Health Department maintains syphilis cases interviewed in that county and enters data directly into the State STD database. Yuma County, Coconino County, and tribal STD programs forward syphilis interview records and other disease information to the ASTDP where data is entered into the database.

In addition to passive surveillance for STDs, Maricopa and Pima County STD Programs conduct active surveillance through community outreach programs targeting high risk populations. To supplement local resources used in these outreach programs, the ASTDP funds two community-based organizations (CBO) in Maricopa County and one community-based organization in Pima County to assist respective local health jurisdictions with outreach and education activities.

Morbidity reports are generated on a regular basis. Monthly, quarterly and biannual reports are generated to examine disease trends and identify potential outbreaks. Information is shared with stakeholders including the Centers for Disease Control and Prevention (CDC), county health departments, Indian Health Service, Native American tribes, Arizona Family Planning Council, correctional health services and contracted community-based organizations. Through these organizations, information is shared with their constituencies during community outreach activities in various forms. Disease trends are examined and conclusions are drawn in collaboration with community experts, such as those from local health departments and CBOs. Plans of action are based on specific morbidity trends.

Routine communication is maintained with STD Program managers in counties experiencing sustained early syphilis morbidity. The ASTDP participates in a monthly meeting of the

Maricopa County Syphilis Task Force to discuss disease trends, risk factors, and outreach and screening activities in the community and county correctional facilities.

PRE-EVENT PLANNING

1. Because a high endemic level of STDs, particularly early syphilis, exists in Maricopa and Pima Counties, the ASTDP will work with Maricopa County and Pima County to develop, implement and maintain county-specific early syphilis outbreak response plans.

2. ASTDP will distribute a copy of the Arizona Sexually Transmitted Disease Outbreak Response Plan to all Arizona counties, tribal jurisdictions, selected community stakeholders, and neighboring state STD Programs. ASTDP will discuss the plan with county and tribal health jurisdictions and recommend that all Arizona health jurisdictions prepare a syphilis outbreak response plan for their area.

3. For all other Arizona counties, and tribal health jurisdictions, the ASTDP will identify an investigation team of individuals within each county who could provide expertise and leadership in an outbreak. At least annually, the ASTDP will update this roster of individuals and their contact numbers (see Appendix 5).

4. County and tribal health jurisdictions will be asked to identify additional individuals within each county who would be willing to work as case investigators in the event of an outbreak. The size and expertise of this group will vary according to the scope of the outbreak. Prior to an outbreak, it is useful to know where resources within the county can be pulled without hindering essential tasks. A list of case investigator requirements and responsibilities is listed in Appendix 3.

5. County and tribal health jurisdictions should identify individuals within each county who can dedicate their time to answering phones, scheduling meetings, entering data, making copies, etc.

6. County and tribal health jurisdictions should create and maintain a communication network with stakeholders. Contact information for all hospitals, clinics, healthcare workers, nursing homes, schools, day cares, etc., should be obtained. Communication will be achieved through email, list-serves, blast faxes, meetings, telephone calls, etc.

7. ASTDP will work with county and tribal health jurisdictions to identify clinic sites in each county where reactors, contacts, and suspects identified during an outbreak investigation should be referred. ASTDP will work with each county to identify a site where clinic hours could be expanded to accommodate clients after normal working hours.

8. ASTDP will maintain a supply of the current versions of STD Case Interview Records (CDC form 73.54, Supplemental Interview Records, Field Records (CDC form 2936),

and Communicable Disease Report forms so that they are immediately available when needed.

9. County and tribal health jurisdictions should review the STD outbreak investigation process and the outbreak team members' expected roles and responsibilities (see Appendix 3). ASTDP will work with county and tribal health jurisdictions to ensure methods to maintain communication of information, decision-making, media messages, outbreak updates, etc., are available.

CONFIDENTIALITY AND SAFETY

Confidentiality

Confidentiality policies of public health agencies are designed to prevent unauthorized persons from learning information shared in confidence. Confidential information includes any material, whether oral or recorded in any form or medium, that identifies or can be readily associated with the identity of a person and is directly related to their health care. Confidentiality practices are especially critical to maintain in such high profile health activities as disease outbreak response activities. Minimum professional standards for any agency handling confidential information as part of the outbreak response should include providing employees with appropriate information regarding confidential guidelines and legal regulations.

Efforts to contact and communicate with infected patients, partners, spouses, suspects and associates must be carried out in a manner that preserves the confidentiality and privacy of all involved. This includes interviewing and counseling infected individuals, their partners/contacts and others in a private setting; trying to notify infected individuals and exposed partners/ contacts face-to-face; never revealing the name of the original patient to the partner; not leaving verbal messages that include STD/HIV on answering machines; not leaving messages that include any mention of STD/HIV; and not giving confidential information to third parties (roommates, neighbors, parents, spouses, or children).

Safety

Many field activities during an outbreak response may pose potential unsafe situations for public health workers. All county and tribal health jurisdictions should develop and maintain detailed guidelines for ensuring the safety of outbreak investigators in the performance of their responsibilities.

OUTBREAK DETECTION

Arizona Administrative Code R9-6-101.36 defines an "outbreak" as an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness. The ASTDP has set an incidence level for syphilis, chancroid, chlamydia and gonorrhea cases at which the outbreak response plan should be initiated. Due to the wide range of disease morbidity across counties, the thresholds vary by location of the suspected outbreak. Generally, the threshold level of cases

is higher in Maricopa and Pima counties, compared to the rest of Arizona counties and tribal jurisdictions, because the majority of cases are found in Maricopa and Pima counties. Outbreak thresholds are shown in Appendix 1. These thresholds will be reviewed and revised biannually or more often if the need arises.

Arizona Administrative Code R9-6-206.F requires that a local health agency shall immediately notify ADHS when the local health agency receives a report or reports indicating an outbreak or suspected outbreak. The notification shall include:

1. The location of the outbreak or suspect outbreak;
2. If known, the number of cases and suspect cases;
3. The date that the outbreak was reported or dates that suggest that cases suggestive of an outbreak were reported;
4. The setting of the outbreak or suspect outbreak;
5. The name of the disease suspected or known to be the subject of the outbreak or suspect outbreak; and
6. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or suspect outbreak.

OUTBREAK INVESTIGATION

When an increase in reported cases of STDs approaching or exceeding the outbreak threshold has been observed or reported, the ASTDP Manager will immediately notify senior managers at ADHS. Within 48 hours, the ASTDP Manager will convene a meeting with appropriate ADHS staff and representatives of the local health agency including the local STD Manager and individuals who have been identified as Outbreak Investigation Team Members, clinicians, and community leaders. The purpose of the meeting will be to develop plans to investigate the increase in cases, determine the level of initial response, and prepare initial rapid control and prevention measures.

1. Brief Investigation Team Members
At this time, it is important to bring everyone up to date on the suspected outbreak. The following items should be included as part of the briefing:

a) Review available information.
b) Review the definition of an outbreak
c) Discuss the purpose and scope of the initial outbreak investigation.
d) Determine what resources are available and what is needed.
e) Consult with all team members to determine what role each will play in the investigation, and who the on-scene contacts will be.
f) Set timetable for communication via e-mail, conference calls, etc. with key persons.
g) Discuss the effect of the outbreak on the targeted area or community
h) Discuss any political sensitivities pertaining to the outbreak or investigation.
i) Develop an initial media and awareness strategy.

2. Designate an Outbreak Team Leader
From the investigation team members, an outbreak team leader should be designated. This individual should have knowledge of syphilis and experience in investigating an outbreak. The team leader will serve as the point of contact for ADHS and ASTDP. A list of responsibilities that should be completed by the outbreak team leader can be found in Appendix 3.

3. Prepare for Fieldwork
The following is a list of activities that will help prepare the team member(s) in such an event.

a) Pull any reference materials that may be useful.
b) Gather supplies and equipment. A list of useful supplies and equipment is listed in Appendix 4.
c) Make necessary administrative and personnel arrangements for things such as travel and accommodations.
d) Consult with all team members to determine what role each will play in the investigation, and who the on-scene contacts will be.
e) Set timetable for communication via e-mail, conference calls, etc.

4. Establish the existence of an outbreak
When an increased number of cases are reported, it is important to verify that a suspected outbreak is a real outbreak. This can be accomplished in a number of ways.

a) Compare current numbers with numbers from the previous weeks or months, or from a comparable period during the previous years.
b) Make sure a rise in numbers is not due to changes in reporting procedures, case definition, diagnostic procedures, or increased awareness at the local level.
c) Make sure that communities such as resorts, college towns or migrant farming areas that see regular fluctuations in population are not the cause of an increase in the number of cases.
d) Review historical data trends for the local area and review data to see if surrounding jurisdictions are noting the same increase.
e) Review cases for the past three months to gather additional information and establish patterns of disease activity that may have led to an outbreak.
f) Consider sending an alert via SIREN to other counties.

5. Verify the diagnosis
Ensure that known or suspect STD cases have been properly diagnosed and staged according to relevant case definitions. In addition, it is important to make sure that the increase in diagnosed cases is not the result of a mistake in the laboratory. Review clinical findings and review symptom history of cases. Review laboratory results for the cases. Determine co-infection rates and risk factors.

6. Develop Hypotheses
Although the information may be limited early on, the nature of STD epidemiology may shed some light. The initial hypothesis is a starting point for the investigation. It should address the

at-risk population, transmission source, the mode of transmission, the exposures and the risk factors that caused the outbreak.

7. Implement Control and Prevention Measures

Control and prevention measures directed at interrupting transmission or limiting exposure should be implemented as soon as possible to prevent the spread of disease. Control measures should be aimed at specific links in the chain of infection including assuring testing and treatment of the original patient and identified contacts. Suspects, associates, and social networks should also be thoroughly investigated and offered testing. A decision should be made whether to offer prophylactic treatment to suspects, associates, and members of social networks identified from infected individuals. Consider training that may need to be provided to health care providers and CBOs as appropriate. Multiple approaches may be implemented simultaneously.

OUTBREAK RESPONSE

DECLARING AN OUTBREAK

Once it has been determined that an increase in cases is real, and the diagnosis has been verified, an outbreak should be declared. Some or all of the following activities will be performed depending upon the disease, the specific setting of the outbreak and the opportunities for intervention and prevention.

1. Communication with the Arizona Department of Health Services (ADHS)

It is important to notify ADHS of an outbreak as soon as possible in order to ensure proper resources at the state level are available.

- Upon contacting ADHS, the team leader will be given the name and contact information of the designated ASTDP Outbreak Response Coordinator named by the ASTDP Manager. The ASTDP Outbreak Response Coordinator will serve as the communication liaison between the local and state health departments, the state epidemiologist, and the state laboratory. He/she will also serve as consultant to the local outbreak team leader.
- Review with the ASTDP Outbreak Response Coordinator any specimen collection and transport issues such as time, temperature, transport media, sampling methods, quantity, and what specimens are needed to identify and type the agent.
- Request for ADHS assistance, either on-site or from Phoenix, as needed.

2. Notify Federal Partners

It is critical for the ASTDP Manager or Outbreak Response Coordinator to immediately notify the Centers for Disease Control and Prevention, Division of STD Prevention (CDC), regarding the decision to declare an outbreak. It is equally important to keep CDC partners informed of the progress of the outbreak response and to immediately notify CDC if any federal assistance

such as deployment of a CDC Syphilis Rapid Response Team or request for an Epi-Aid will be requested for the outbreak response.

3. Outbreak Response Team Briefing
Members of the outbreak response team should meet for a briefing of the outbreak. The team leader should lead a review of the epidemiology of the disease, measures for control, all applicable investigation forms, specimen collection procedures and protocols for prioritizing investigations. The team leader should also prioritize the local health department's response and delegate duties and activities

4. Define and Identify Cases
It's important to review the case definition for the outbreak related disease. It is also important to record the case definition and to provide a copy of the case definition to all of the investigation team members. Case definitions for STDs are taken from ADHS Case Definitions for Public Health Surveillance (see Appendix 2).

5. Communication with Stakeholders
Ongoing dialogue with stakeholders via the pre-established communication network is important because it will keep information consistent and minimize rumors. It is especially vital if you are asking stakeholders, such as physicians or schools, to assist in controlling the spread of the outbreak. Finally, it provides a good working relationship with stakeholders beyond the outbreak.

- Notify surrounding county, tribal and state health jurisdictions of the potential outbreak situation and alert them to be vigilant for disease increases in their jurisdictions.
- Discuss feasibility of hypothesis with key person from the public health, clinical, and affected communities in the local area.
- Inform public health officials, health care providers, clinical and laboratory managers, affected communities, and the media of the outbreak investigation and outline the response plan.
- Discuss with CBOs ways they could assist with disease control and prevention efforts.

6. Communicate with Media
It is important to be ready to respond to media inquiries about both a potential or declared outbreak. The media can be also be instrumental in helping circulate information about the outbreak as well as being an integral part of delivering health information and assisting control efforts during and after the outbreak. Contacts with the media should be made in accordance with state or county protocols for such contacts. The involvement of the state or county health department Public Information Officer (PIO) should be made early in the response process, preferably before an outbreak is declared, and regular updates on the course of the outbreak investigation and implementation of control efforts should be provided to the PIO.

INVESTIGATING THE OUTBREAK

The purpose of case investigations is to identify possible sources of exposure and spread and intervene in the disease transmission process. Case investigations will be conducted using CDC case management standards and forms for investigating and managing STD cases as described in the CDC's *Program Operations Guidelines for STD Prevention*. CDC investigation forms to be used are included in Appendix 6.

1. Create an Outbreak Database (optional)
If there is concern that the numbers affected will be large and if information technology support is available, the use of an outbreak database is valuable. An outbreak database provides both opportunities for quick and easy access to data collected from cases, as well as case management. It is important to remember databases are only as useful as you make them. It is vital to know what information is needed prior to creating a database. Too many additions or changes to a database once an outbreak is ongoing can lead to delays in data entry and may pose more of a hindrance rather than assistance to the management of an outbreak. Designing a database that mimics the order of information collected in the investigation form is also helpful. If a database is used, a commitment to accurate daily data entry, updates of case information, and continuous data editing and cleaning is essential.

Additionally, is would be advantageous to create a centrally managed file of all open cases, recently closed cases related to them, and currently open and recently unlocated partners, suspects, associates, and priority reactors.

2. Line Lists
Once cases have been interviewed, it is helpful to view information in a line list. If an outbreak database is being used, this can be easily accomplished once the data has been entered. Creating a line list is simple and should include information such as name, contact information, demographics, clinical and laboratory information and a few risk factors. This will aid in describing the data, as mentioned in the next section.

3. Describe the Data in Terms of Time, Place, and Person (Descriptive Epidemiology)
Describing the epidemiology of the outbreak should begin early and should be updated regularly as additional data is collected. This step is critical for several reasons. Descriptive epidemiology helps clarify what information is reliable and informative and what is not. It provides a description of an outbreak by showing its trend over time, its geographic extent, and the populations affected by the disease. This description lets you begin to assess the outbreak in light of what is known about the disease and to develop causal hypotheses.

4. Interview Cases
Each identified case will be interviewed and an Interview Record (CDC form 73.54) and Supplemental Interview Record will be completed for each case. These forms record information such as name, contact information, demographic information (DOB, gender, race, ethnicity, and occupation), limited clinical information (symptom history, onset date, laboratory test, laboratory test dates, specimen type, laboratory test finalized date, and results), disease

name and stage as appropriate, reporting source, partner data, risk factors, hangouts, and social network information. Information obtained on these forms is important because it allows you to contact patients for additional questions and notification of laboratory results, map the outbreak, create graphs of the outbreak, and characterize the spectrum of illness. Examples of these forms are shown in Appendix 6.

4. Conduct Partner Notification Activities

Partner services will be offered to individuals who are infected with STD, to their partners, and to other persons (social networks) who are at increased risk for infection in an effort to prevent continued transmission of these diseases. Partner data will be documented on the CDC Field Record (form 2936). Partner services include:

- ensuring confidential notification, appropriate medical attention including treatment, and appropriate social referrals for partners and other high-risk individuals;
- using client-centered counseling to develop risk reduction plans to reduce the likelihood of acquiring future STDs;
- providing needed referrals to additional medical or social services; and
- defining and better targeting the at-risk community while assuring complete confidentiality for the patient.

For some situations regarding partner/contact investigations, specimen collection in the field may be necessary. Specimen submission forms should be completed according to county protocol and county specimen submission forms for STD laboratory specimens. Specimen submission forms for the State Laboratory are located in Appendix 6. Additional forms may be obtained from the Receiving Section in the State Laboratory by calling (602) 542-1190. Always use the appropriate **Standard Precautions** when collecting specimens in the field.

5. Conduct Targeted Screening and Alternative Case-finding Activities

- Outbreak teams should target screening based upon outbreak morbidity data, including information on core transmission groups.
- Outbreak teams should use information from social network analysis performed as part of case investigation activities to assist in targeting both field and clinic screening efforts.

6. Complete a Communicable Disease Report (CDR)

A Communicable Disease Report (CDR) form should be completed for each case. This form records information such as name, contact information (address and phone number), demographic information (DOB, gender, race, ethnicity), limited clinical information (onset date, laboratory test, laboratory test dates, specimen type, laboratory test finalized date, and results) and the reporting source. CDRs also provide details to characterize the population at risk and verify that the case definition has been met. The CDR form for STD reporting can be found in Appendix 6.

7. Mobilize the Community

Community support and commitment are essential to the success of an STD outbreak response. Community involvement can increase trust and reduce fear in the community regarding outbreak

investigation efforts, partner notification activities and the provision of medical care and treatment. Depending on the needs and disease trends of the local community, local STD control staff and community partners should cooperatively work in a targeted area for a specified time. This involves planning and coordination of community events, directing disease intervention activities, assessing future needs, and developing a long-range plan to continue disease intervention and prevention efforts that will continue after cessation of the outbreak response.

8. Evaluate Hypotheses
There are two approaches you can use, depending on the nature of the data: 1) comparison of the hypotheses with the established facts or 2) analytic epidemiology, which allows you to test your hypotheses.

9. Refine Hypotheses
After interviewing cases and characterizing the outbreak by time, place, and person, the hypothesis will be sharpened and more accurately focused. Like the initial hypotheses, the new one should address the source of the agent, the mode of transmission, and the exposures that caused the outbreak

10. Implementing Additional Control and Prevention Measures
Although control and prevention measures should be implemented as soon as possible, it may not be possible to implement some measures until the investigation has revealed additional information regarding the outbreak. Once again, measures should be aimed at specific links in the chain of infection in order to interrupt transmission or exposure.

CONTINUED COMMUNICATION

Local Outbreak Team Leader

- Depending upon the disease and situation, continue daily to weekly contact with Outbreak Team members, the ASTDP Outbreak Response Coordinator, and other stakeholders regarding the status of the outbreak and intervention(s).
- Notify the ASTDP Outbreak Response Coordinator of the need for additional laboratory specimen testing, test media, specimen kits, etc.
- Assess the need for ADHS assistance, either on-site or from Phoenix.

The ASTDP Outbreak Response Coordinator will:

- Notify the local Team Leader of laboratory results.
- Contact the local Team Leader periodically as needed.
- Arrange conference calls between local and state staff as needed.
- Arrange for local assistance as requested.

OUTBREAK RESPONSE CESSATION

1. Declaring an Outbreak Over

To some extent, the cessation of the outbreak response will be dictated by existing resources and program need. Ideally, the maintenance of the outbreak response will continue until the number of cases identified has reverted to the previously expected level before the outbreak.

2. Evaluate the Outbreak Response

The evaluation of the outbreak response will occur both during the response and after activities are completed and will primarily focus on the following three aspects: 1) effectiveness in responding to outbreak, 2) efficient use of resources, including public and private agencies, and 3) productivity of epidemiologic interventions.

A. Effectiveness in responding to outbreak

Criteria to be used to evaluate our effectiveness in responding to the outbreak will include, but are not limited to the following:

1. Time taken to alert key players about outbreak. Percent located within 24 hours of outbreak.
2. Percentage of key players notified within 48 hours of outbreak.
3. Percent of contacts and clusters examined within 72 hours of initiation.
4. Percent of investigations initiated to the field within 24 hours of notification of lab result.
5. Number of days taken to establish evening and week-end clinic sessions within the target area, if necessary.

B. Efficient use of resources

An evaluation of our ability to utilize appropriate resources will be primarily based in a retrospective analysis identifying and analyzing the roles various organizations played in support of the outbreak response. These organizations would include:

1. Community based organizations
2. Laboratories
3. Community leaders
4. Managed Care Organizations
5. Public-Private Partnership organizations
6. Churches
7. Schools
8. Other health care providers.

C. Productivity of interventions

Criteria to be used to evaluate the productivity of our interventions will include, but are not limited to the following:

1. Number of contacts and clusters initiated and the percent examined as a result of the outbreak response.

2. Number of new cases identified as a result of the outbreak response.
3. Ratio of cases that were identified through active versus passive surveillance during the outbreak.
4. Number of sex partners and clusters receiving preventive treatment during the outbreak.
5. Increase in clinic attendance during the outbreak in PHC STD clinics within the target area.

3. Communicate Findings

This communication usually takes two forms: 1) an oral briefing for local health authorities and 2) a written report.

1. The oral briefing is an opportunity for you to describe what you did, what you found, and what you think should be done about it. Present your findings in a scientifically objective fashion and be able to defend your conclusions and recommendations.
2. The written report should follow the usual scientific format of introduction, background, methods, results, discussion, and recommendations. It serves as a record of performance, a document for potential legal issues, and a reference for the health department for any future outbreaks. Finally, a report that finds its way into the public health literature contributes to the scientific knowledge base of epidemiology and public health.

4. After Action Review

The outbreak team and others involved, should reconvene to review the lessons learned:

1. What methods worked well?
2. What mistakes were made and how to prevent these in the future?
3. What changes to the process of outbreak investigation should be made?
4. Who will be responsible for seeing these changes implemented?
5. Was communication flow maintained?
6. How did the media affect the outbreak?

APPENDIX 1

ARIZONA SEXUALLY TRANSMITTED DISEASE OUTBREAK RESPONSE PLAN
OUTBREAK CRITERIA

OUTBREAK CRITERIA	All Early Syphilis	Chancroid or LGV	Chlamydia	Gonorrhea
All of Arizona				
Number of epidemiologically linked cases identified within a 30-day period	5 Cases	2 Cases		
Maricopa and Pima Counties				
Monthly increase in the number of reported cases, when compared to the average of the last 3 months	100% current month increase and at least: 30 cases in Maricopa County or 10 cases in Pima County	3 Cases	100% current month increase	100% current month increase
Monthly increase in the number of reported cases in a high risk group, when compared to the average of the last 3 months	200% current month increase and at least 10 cases			
All Other Arizona Counties and Tribal Jurisdictions				
Monthly increase in the number of reported cases, when compared to the average of the last 3 months	200%current month increase and at least 5 cases	3 cases	100% current month increase	200% current month increase and at least 5 cases

OUTBREAK CRITERIA	All Early Syphilis	Chancroid or LGV	Chlamydia	Gonorrhea
Expected number of cases to be reported in a month:				
Apache County	1	0	40	5
Cochise County	0	0	25	5
Coconino County	1	0	45	5
Gila County	0	0	15	5
Graham County	0	0	10	5
Greenlee County	0	0	5	1
La Paz County	0	0	5	1
Maricopa County	20	0	990	265
Mohave County	0	0	25	5
Navajo County	0	0	45	10
Pima County	5	0	235	50
Pinal County	1	0	50	20
Santa Cruz County	0	0	10	1
Yavapai County	0	0	25	5
Yuma County	0	0	40	10

APPENDIX 2

SEXUALLY TRANSMITTED DISEASE CASE DEFINITIONS

CHANCROID

- For more information on control measures, see Arizona Administrative Code R9-6-311 (pg 17)
- Complete *Field Record (CDC 73.2936S) Form* (Forms Section)

Clinical Description

A sexually transmitted disease characterized by painful genital ulceration and inflammatory inguinal adenopathy. The disease is caused by infection with *Haemophilus ducreyi.*

Case Classification

Confirmed: A case that is laboratory confirmed.

Probable: A clinically compatible case with one or more painful genital ulcers in which:

a) There is no evidence of *Treponema pallidum* infection by darkfield examination of ulcer exudate or by a serologic test for syphilis performed at least 7 days after onset of ulcers,

and

b) The clinical presentation of the ulcer(s) is not typical disease caused by HSV (herpes simplex virus) or HSV culture is negative.

CHLAMYDIA TRACHOMATIS INFECTION

- For more information on control measures, see Arizona Administrative Code R9-6-312 (pg 17)
- Complete *Field Record (CDC 73.2936S) Form* (Forms Section)

Clinical Description

Infection with *Chlamydia trachomatis* may result in urethritis, epididymitis, cervicitis, acute salpingitis, or other syndromes when sexually transmitted. Perinatal infections may result in inclusion conjunctivitis and pneumonia among newborns. Other syndromes caused by *C. trachomatis* include lymphogranuloma venereum and trachoma.

Laboratory Criteria for Diagnosis

- Isolation of *C. trachomatis* by culture, or
- Demonstration of *C. trachomatis* in a clinical specimen by antigen detection methods

Case Classification

Confirmed: A case that is laboratory confirmed.

GONORRHEA

- For more information on control measures, see Arizona Administrative Code R9-6-330 (pg 20)
- Complete *Field Record (CDC 73.2936S) Form* (Forms Section)

Clinical Description

A sexually transmitted infection commonly manifested by urethritis, cervicitis, or salpingitis. Infection may be asymptomatic.

Laboratory Criteria for Diagnosis

- Isolation of *Neisseria gonorrhoeae* from a clinical specimen, or
- Observation of gram-negative intracellular diplococci in a urethral smear obtained from a man

Case Classification

Confirmed: A case that is laboratory confirmed.

Probable: **Demonstration of gram-negative intracellular diplococci in an endocervical smear obtained from a woman or a written (morbidity) report of gonorrhea submitted by a physician.**

SYPHILIS

(Primary, Secondary, Latent, Early Latent, Late Latent, Unknown Latent, & Neurosyphilis)

- For more information on control measures, see Arizona Administrative Code R9-6-368 (pg 30)
- Complete *Field Record (CDC 73.2936S) Form* (Forms Section)

Case Definition

Syphilis is a complex, sexually transmitted disease with a highly variable clinical course. Classification by a clinician with expertise in syphilis may take precedence over the following case definitions developed for surveillance purposes.

PRIMARY SYPHILIS

Clinical Description

The characteristic lesion of primary syphilis is the chancre, but atypical primary lesions may occur.

Laboratory Criteria for Diagnosis

- Demonstration of *Treponema pallidum* in clinical specimens by darkfield, fluorescent antibody, or equivalent microscopic methods

Case Classification

Confirmed: A clinically compatible case that is laboratory confirmed.

Probable: A clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test.

SECONDARY SYPHILIS

Clinical Description

A stage of infection due to *T. pallidum*, characterized by localized or diffuse mucocutaneous lesions and generalized lymphadenopathy. Constitutional symptoms are common and clinical manifestations are protean. The primary chancre may still be present.

Laboratory Criteria for Diagnosis

- Demonstration of *T. pallidum* in clinical specimens by darkfield, fluorescent antibody, or equivalent microscopic methods

Case Classification

Confirmed: A clinically compatible case that is laboratory confirmed.

Probable: A clinically compatible case with a reactive nontreponemal (VDRL, RPR) test titer ≥4.

LATENT SYPHILIS

Clinical Description

A stage of infection due to *T. pallidum* in which organisms persist in the body of the infected person without causing signs or symptoms. Latent syphilis is subdivided into early, late, and unknown, syphilis categories based upon the length of elapsed time from initial infection.

EARLY LATENT SYPHILIS

Case Classification

Presumptive. No clinical signs or symptoms of syphilis and the presence of one of the following:

- Documented seroconversion or fourfold or greater increase in titer of a nontreponemal test during the previous 12 months.
- A history of symptoms consistent with primary or secondary syphilis without history of subsequent treatment in the past 12 months
- A history of sexual exposure to a partner with confirmed or presumptive primary or secondary syphilis, or presumptive early latent syphilis, and no history of treatment in the past 12 months
- Reactive nontreponemal and treponemal tests from a person whose only possible exposure occurred within the preceding 12 months.

LATE LATENT SYPHILIS

Clinical Description

A subcategory of latent syphilis. When initial infection has occurred >1 year previously, latent syphilis is classified as late.

Case Classification

Presumptive: Latent syphilis of a patient who shows no evidence of having acquired the disease within the past 12 months and whose age and titer do not meet the criteria specified for **Unknown Latent Syphilis.**

UNKNOWN LATENT SYPHILIS

Clinical Description

A subcategory of latent syphilis. When the date of initial infection cannot be established as occurring within the previous year, and the patient's age and titer meet the criteria described below, latent syphilis is classified as unknown latent.

Case Classification

Presumptive: Latent syphilis that does not meet the criteria for early latent syphilis, where the patient is 13-35 years of age with a nontreponemal test serologic titer ≥32.

NEUROSYPHILIS

Clinical Description

Evidence of CNS infection with *T. pallidum.*

Laboratory Criteria for Diagnosis

- A reactive serologic test for syphilis and reactive VDRL in CSF (cerebrospinal fluid)

Case Classification

Presumptive: Syphilis of any stage, a negative VDRL in CSF, and both of the following:

- Elevated CSF protein or leukocyte count in the absence of other known causes of these abnormalities
- Clinical symptoms or signs consistent with neurosyphilis without other known causes for these clinical abnormalities

Confirmed: **Syphilis of any stage that meets the laboratory criteria for neurosyphilis**

DRAFT December 2006

APPENDIX 3

STD OUTBREAK INVESTIGATION TEAM RESPONSIBILITIES

BUILDING THE INVESTIGATION TEAM

Before an outbreak, identify key individuals who will fulfill the various tasks of the Investigation Team. Choosing team members who are familiar with the day-to-day activities of the local health department will facilitate a rapid, efficient response. Depending on the disease, some or all of these individuals will be crucial in executing the local health department's response. All investigation team members should be informed of the epidemiology of the causative agent or suspected agents, and should be instructed on how to complete investigation forms and collect and submit specimens for laboratory testing.

COMPOSITION OF THE INVESTIGATION TEAM

Suggested investigation team members include persons who can provide clinical and diagnostic advice, epidemiological support, nursing services, public information, environmental health consultation and inspections, administrator, information technology support, and case investigations. One of the team members should be designated as the TEAM LEADER, who will coordinate all the response activities of the team, and who will be the primary point-of-contact (POC) for the Arizona Department of Health Services.

ROLES AND RESPONSIBILITIES OF THE INVESTIGATION TEAM MEMBERS

Listed below are some the responsibilities of the team members. Additional roles for the designated TEAM LEADER are outlined last. This list is intended to serve as a guide, and may be adjusted to meet the needs and available resources of the health department.

Clinician

- Provide education to local providers about the disease under investigation.
- Assist the attending physician in specimen collection, diagnosis, and treatment.
- Train local health department staff on proper protocols for treatment and prophylaxis.
- Attend daily meetings with outbreak team and provide updates.

Epidemiologist

- Maintain a current line listing of cases, an epidemic curve and number of suspect cases pending investigation.
- Provide daily status reports of the number of suspect, probable and confirmed cases reported, investigations completed and pending and number of follow-ups for contacts.
- Maintain a timeline of events. Include dates and names on initial report, initial and subsequent contact with different agencies, meeting/conference calls, and decisions pertaining to the outbreak.
- Instruct others if conducting case finding or active/enhanced surveillance, prospectively and/or retrospectively for missed cases.
- Train case investigators on how to complete an interview and compile the information daily. Review case report/investigation forms to ensure completeness of data collection.
- Provide daily updates, including case count and epi-curves, to the investigation team.
- "Clean and edit" the database of redundant files and errors daily.
- Submit completed investigation forms and Communicable Disease Reports to the ADHS outbreak epidemiologist weekly.
- Ensure a final written report of the outbreak is submitted to ADHS within 30 days of the end of the outbreak.

Administrator

- Ensure that sufficient resources (within or from an outside source) are available to respond to the outbreak and control its spread.
- If a home visit is needed, ensure availability of transportation for case investigator.
- Ensure all individuals requiring computers, phones, copiers, etc. have access to equipment.
- Ensure overtime, after hours building access, travel reimbursement, cellular phone access, etc. are handled.

Public Information Officer

- Prepare/Review press releases. *Assistance is available from ADHS. Please call the ADHS Public Information Officer at (602) 364-1201.*
- Respond to individual media inquiries.

Information Technology Specialist

- Assist in the creation of an outbreak database or modifying existing database.
- Provide support for any problems that may arise from the database.
- Request data entry personnel and train personnel on how to enter data correctly into the database.

Public Health Nurse

- Attend daily meetings with outbreak team and provide updates.
- Follow up with patients to ensure treatment or with contacts for prophylaxis or surveillance.
- Collect and send clinical samples as needed.
- Conduct home visits as needed.

Case Investigators

Case investigators for sexually transmitted disease outbreak response should have received appropriate CDC *Employee Development Guide* training and have successfully completed the 2-week CDC *Introduction to STD Intervention* (ISTDI) course. Case investigators should also be proficient in collecting specimens in the field, including venipuncture for serologic samples. The assortment of tasks to be accomplished by case investigators varies with the type of disease outbreak. The comprehensive list below includes most activities for various types of outbreaks; not all tasks will be completed for every outbreak.

- Carryout case investigation activities as delegated by the Team Leader.
- Provide daily status report of outstanding and completed investigations to the Team Leader.
- Provide feedback from or about patients and providers.
- Complete investigation and report forms daily and give to the epidemiologist.
- Complete investigation and reporting forms.
- If trained, collect specimens and ensure availability of specimen collection supplies.
- Arrange for delivery of specimens to the State Laboratory.
- Arrange medical home visits and/or treatment for nursing services.
- Identify exposed contacts and source cases.
- Arrange for prophylaxis, and implement procedures for handling persons without medical insurance.
    - Proper referral
    - AHCCCS eligibility
    - Community Health Centers
    - Other community resources
- Educate cases and contacts regarding compliance and prevention.
- If necessary, follow-up on completion of prophylaxis.
- Contact and/or visit providers to reinforce reporting and outbreak control recommendations.
- Assist in conducting targeted screening at community outreach events.

Team Leader

- Serves as point-of-contact to the Arizona Department of Health Services.

  Initial Notification

  - Upon contacting ADHS, the team leader will be given the name and contact information of the ASTDP Outbreak Response Coordinator named by the ASTDP Manager. The ASTDP Outbreak Response Coordinator will serve as the communication liaison between the local and state health departments, the state epidemiologist, and the state laboratory, and CDC. He/she will also serve as consultant to the local outbreak team leader.
  - Depending upon the disease and situation, review with ASTDP Outbreak Response Coordinator the methods and specimens needed to identify the STD agent(s) suspected; specimen collection and transport issues such as time, temperature, transport media, quantity, etc.
  - Request for ADHS assistance, either on-site or from Phoenix, as needed.

  Continued Communication

  The outbreak team leader and the ASTDP Outbreak Response Coordinator should maintain communication after the initial notification.

  - **Apprise the ASTDP Outbreak Response Coordinator on the status of the outbreak and intervention daily to weekly, depending upon the disease and circumstances.**
  - Notify ASTDP Outbreak Response Coordinator of the need for additional laboratory specimen testing, test media, specimen kits, etc.
  - Request for ADHS assistance, either on-site or from Phoenix, as needed.
- Review the epidemiology of the disease, measures for completing investigation forms, specimen collection procedures, priority of investigations, and state and county regulations pertinent to the disease and situation with all investigation team members.
- Assess resources available. Begin steps to pull case investigators and other resources. Stagger hours if needed.
  - Arrange staff assignments for the following 24-48 hours (or more).
- Prioritize and delegate the following activities to investigation team members:
  - Coordination of specimen collection and testing of suspected cases (or obtaining laboratory reports from medical facilities or labs).
  - Inspection of facilities such as day cares, restaurants, etc.
  - Interviewing cases.
  - Conducting partner notification.
  - Arrangement of community screening events in coordination with local community-based organizations (CBOs)
  - Implementation of control and prevention measures.
  - Check surveillance database to determine the number of cases during the previous weeks, months, and similar time periods.
- Lead daily meetings with investigation team members.

  - Discuss findings of inspections, case investigations, and laboratory results.
  - Discuss hypotheses for possible increases in the disease.
  - Update core group on day's activities and prioritize next day's activities.
  - Discuss the need for improved control measures.
- Facilitate communication with schools, childcare centers, and other involved institutions:
  - Notification of the outbreak and control recommendations (e.g., school exclusions).
  - Facilitate review of immunization records and indicated follow up.
  - Education of school, childcare or institution staff.
  - Arrange for intervention clinics (immunization, prophylaxis, etc.)
- Facilitate communication with health care providers, hospitals, ERs.
  - Notification of the outbreak through the listserv for ICPnet, IDnet, County Health Officers or SIREN as needed [*ADHS has all Infection Control Practitioners, Emergency Rooms, County Health Departments and Indian Health Service Units on FAX broadcast and can assist in notification,* SIREN has blast fax capability].
  - Develop provider alerts, information or fact sheets and reporting reminders.
- Ensure proper dissemination of public information.
  - Assign and train staff to handle public calls and respond to questions.
  - Develop/provide educational materials for the public and media.
- Once an outbreak has been confirmed, an official declaration of an outbreak can be made.

APPENDIX 4

OUTBREAK INVESTIGATION SUPPLIES CHECKLIST

The following is a list of <u>suggested</u> items that may be of assistance when conducting field investigations during an STD outbreak. It would be advantageous to gather these items during the pre-event planning stages.

Outbreak Bag

- ☐ Notebook
- ☐ Pad of Paper
- ☐ Multicolored:
- ☐ Pens
- ☐ Pencils
- ☐ Sharpies
- ☐ Highlighters
- ☐ Post It Notes
- ☐ File Folders
- ☐ Calling Card
- ☐ Scissors
- ☐ Stapler
- ☐ Paper Clips
- ☐ Rubber Bands
- ☐ Clipboard
- ☐ Palm Pilot
- ☐ Small Flashlight
- ☐ Expanding File Folders
- ☐ Manila Envelopes
- ☐ Symptom Photographs

Specimen Collection

- ☐ State Lab Submission Forms
- ☐ Cooler/Cold Pack
- ☐ Gloves (latex and non-latex)
- ☐ Syringes/Needles
- ☐ Vaccutainer Tubes (red top)
- ☐ Vaccutainer Sleeves
- ☐ Tourniquet
- ☐ Sharps Container
- ☐ Rubbing Alcohol
- ☐ Cotton Balls
- ☐ Band-Aids
- ☐ Specimen Labels
- ☐ Biohazard Bags
- ☐ Address Labels
- ☐ Waterless Hand Sanitizer
- ☐ Ziploc Bags
- ☐ Urine Collection Cups
- ☐ Aptima Combo2 kit

Resources

- ☐ Laptop Computer
- ☐ Computer Disks
- ☐ Cellular Phone
- ☐ Digital Camera
- ☐ Portable Printer
- ☐ Health Department ID Badge
- ☐ State and City Maps
- ☐ Business Cards
- ☐ Driver's License

Contact Information

- ☐ Emergency Numbers
- ☐ FedEx
- ☐ State Lab Numbers
- ☐ GroupWise Addresses
- ☐ County Numbers
- ☐ Hospital/Clinic Numbers

Personal Items

- ☐ Hat
- ☐ Medications
- ☐ Sunscreen
- ☐ Bug Repellent
- ☐ Tissue
- ☐ Lotion
- ☐ Handkerchief
- ☐ Aspirin
- ☐ Batteries
- ☐ Hand Sanitizer
- ☐ Sunglasses
- ☐ Snacks and Drinks

APPENDIX 5

STD OUTBREAK RESPONSE CONTACT LISTS

ARIZONA DEPARTMENT OF HEALTH SERVICES				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
PHPS Bureau Chief				
OHSHS Office Chief				
STD Program Manager				
Public Info Officer				
Public Health Advisor				
Medical Epidemiologist				
Epidemiologist				
Epidemiologist				
Case Investigator				
Case Investigator				
Case Investigator				
Case Investigator				

APACHE COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

COCHISE COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

COCONINO COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

GILA COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

GRAHAM COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

GREENLEE COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

LA PAZ COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

MARICOPA COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

MOHAVE COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

NAVAJO COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

PIMA COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

PINAL COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

SANTA CRUZ COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

YAVAPAI COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

YUMA COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

APPENDIX 6

STD OUTBREAK RESPONSE FORMS

FORM **Page No.**

COMMUNICABLE DISEASE REPORT FOR STD

COMMUNICABLE DISEASE REPORT
SEXUALLY TRANSMITTED DISEASES
-Send to Local Health Department-

PATIENT NAME - Last, First, Middle	☐ Male ☐ Female ☐ Trans-gender	ETHNICITY ☐ Hispanic/Latino ☐ Non-Hispanic/Latino
ADDRESS - Street	DOB	RACE ☐ White ☐ Black ☐ American Indian ☐ Native Hawaiian or Other Islander ☐ Asian ☐ Other
TOWN - CITY STATE ZIP CODE	PHONE NO. ( )	

Diagnosis	Lab Results			Treatment		
	Date	Test	Result	Date	Drug	Dosage
☐ Chlamydia	/ /			/ /		
☐ Gonorrhea ☐ PID Other:	/ /			/ /		
☐ Syphilis ☐ Primary ☐ Secondary ☐ Early Latent ☐ Late (> one year) ☐ Congenital ☐ Other Syphilis Specify	/ /			/ /		
Other STDs ☐ Herpes ☐ Chancroid						

Site of Infection: ☐ Genitalia ☐ Rectum ☐ Throat ☐ Other

Patient had sexual contact with: ☐ Males only ☐ Females only ☐ Both ☐ Refused ☐ Unknown

Reporting Facility Address Town - City State ZIP

Clinician Phone ( ) - Is patient pregnant? ☐ Yes ☐ No

Was diagnosis confirmed by a laboratory? ☐ Yes ☐ No

If Yes, list lab

Provider Copy

COMMUNICABLE DISEASE REPORT
SEXUALLY TRANSMITTED DISEASES
-Send to Local Health Department-

ARS 36-621, Arizona Administrative Code R9-6-201, 202 and 203. These rules require that patients with syphilis, gonorrhea, chlamydia and genital herpes be reported within five business days of diagnosis or treatment.

For more report forms or consultation call: (602) 364-4666, STD Control Section

Communicable Disease Reports for STD should be mailed to your local county health department.
For more information: http://www.hs.state.az.us/phs/oids/std/county_contact.htm

***Selected CDC Treatment Guidelines – 2002**

(For more information: www.cdc.gov/std/treatment/rr5106.pdf and for treatment updates:www.cdc.gov/std/)

Chlamydia – Azithromycin 1 g orally in a single dose, OR Doxycycline 100 mg orally twice a day for 7 days.

Gonorrhea – Cefixime 400 mg orally in a single dose, OR Ceftriaxone 125 mg IM in a single dose, OR Ciprofloxacin 500 mg orally in a single dose, OR Ofloxacin 400 mg orally in a single dose, OR Levofloxacin 250 mg orally in a single dose. Due to increasing prevalence of quinolone-resistant *Neisseria gonorrhoeae*, please visit **www.cdc.gov/mmwr/preview/mmwrhtml/mm5316a1.htm** for situations where other treatment regimens may be warranted.

Early syphilis (less than one year duration) – Benzathine penicillin G 2.4 million units IM in a single dose.

Late Latent Syphilis or Latent Syphilis of Unknown Duration – Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals.

Syphilis treatment Alert: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4835a2.htm

Congenital syphilis – Aqueous crystalline penicillin G 100,000–150,000 units/kg/day, administered as 50,000 units/kg/dose IV every 12 hours during the first 7 days of life, and every 8 hours thereafter for a total of 10 days; OR Procaine penicillin G 50,000 units/kg/dose IM a day in a single dose for 10 days.

ADHS / BEDC / OIDS / STD CONTROL 1 (11/04) IPS 207

STATE LABORATORY SPECIMEN SUBMISSION FORM

Arizona Department of Health Services

Bureau of State Laboratory Services
250 N 17th Ave
Phoenix, Arizona 85007 - 3231
602 - 542 - 1188
Victor Waddell, Ph.D. Bureau Chief

For Department Use Only

Patient Information

Last Name: First Name: MI:

DOB (MM/DD/YYYY): Age: Sex:

Patient ID:

Race:
☐ African American ☐ Asian ☐ Other
☐ American Indian ☐ White

Ethnicity:
Hispanic ☐ Yes ☐ No

Submitting Agency Information

Agency Name: Agency ID Code:

Street Address:

City: State: Zip: County:

Contact Name: Phone:

Specimen Information and Type

Collection Date: _____

☐ Reference
☐ Clinical

☐ Acute Serum
☐ Convalescent Serum
☐ Random Serum
☐ Plasma
☐ Whole Blood
☐ CSF
☐ Urine

☐ Sputum
☐ Stool
☐ Swab
Site: _____
☐ Tissue
Specify: _____

☐ Wound
Site: _____
☐ Body Fluid
Specify: _____
☐ Other
Specify: _____

Virology

☐ CMV Culture
☐ Enterovirus Culture
☐ Herpes Culture
☐ Influenza Culture
☐ *Norovirus PCR
☐ Reference Virus Culture
☐ Respiratory Virus Culture
☐ Other _____
_____

Parasitology

☐ Arthropod ID
☐ Blood/Tissue
☐ Intestinal
☐ Pinworm
☐ Worm ID

Mycobacteriology

☐ Culture
☐ ID (Referred Culture)
☐ Smear
☐ Susceptibility
☐ *Nucleic Acid Amplification

Mycology

☐ Culture
☐ ID (Referred Culture)
☐ Smear

Microbiology

☐ Anthrax
☐ Botulism
☐ *Brucella
☐ *C. diphtheriae
☐ Enteric Culture
☐ E. coli
☐ Gonorrhoea
☐ Haemophilus
☐ Legionella
☐ Leptospira
☐ Listeria
☐ Meningococcus
☐ Pertussis
☐ Pneumococcus
☐ Salmonella
☐ Shigella
☐ *Tularemia
☐ Yersinia
☐ *pestis
☐ Other
☐ Vibrio
☐ cholera
☐ Other
☐ Other _____
_____
_____
_____

Serology

☐ Adenovirus CF
☐ *Brucella CF
☐ *Brucella Tube Agglutination
☐ Coccidioides CSF CF
☐ Coccidioides Serology Panel
IDTP
IDCF
☐ Western Equine Encephalitis
☐ St. Louis Encephalitis
☐ *Colorado Tick Fever CF
☐ *Dengue IgM EIA
☐ *Hantavirus IgG EIA
☐ *Hantavirus IgM EIA
☐ Hepatitis Anti-HAV IgM
☐ Hepatitis Anti-Core Ab
☐ Hepatitis Anti-Core IgM
☐ Hepatitis Anti-HBs
☐ Hepatitis Anti-HCV
☐ Hepatitis HBsAG
☐ HIV (Separate Form)
☐ Prenatal Hepatitis HBsAG
☐ Diagnostic Hepatitis Panel
HBs Ag
HBc IgM
HAV IgM
☐ Histoplasma CF
☐ Histoplasma Immunodiffusion
☐ LCM CF
☐ *Lyme EIA
☐ *Measles CF
☐ *Measles IgM EIA
☐ *Measles Immune Screen-IgG IFA
☐ *Mumps IgM IFA
☐ *Plague PHA
☐ *Rickettsial Panel
Rickettsial Spotted Fever Group
Rickettsial Typhus Fever Group
Rickettsial Q Fever
☐ Rubella Immune Screen IgG EIA
☐ *Rubella IgM EIA
☐ Syphilis CSF VDRL
☐ Syphilis FTA-ABS
☐ Syphilis Serum RPR
☐ Toxoplasma EIA
☐ *Tularemia TA
☐ Varicella-Zoster CF
☐ Varicella-Zoster Immune Screen-IgG IFA
☐ West Nile Virus EIA
☐ Other _____
_____
_____

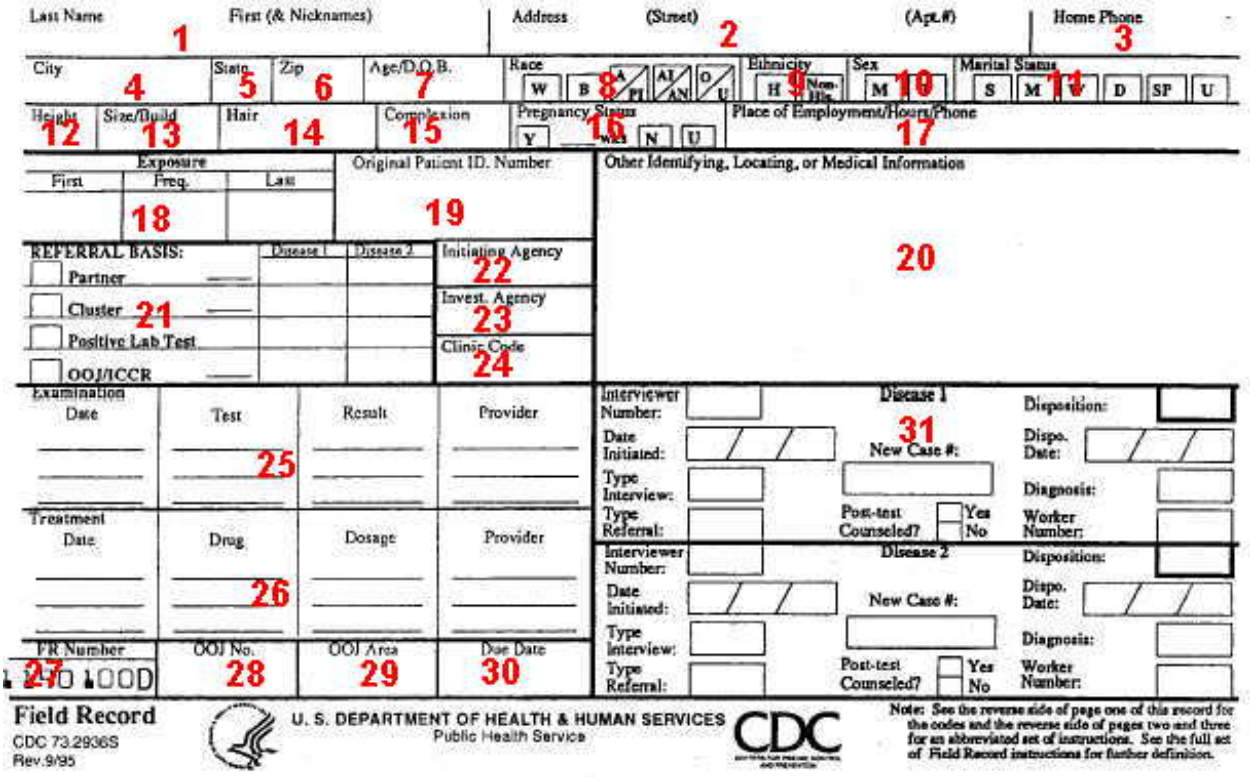
***Prior notification required for:**
Brucella, Dengue, C. diphtheriae, Colorado Tick Fever, Hantavirus, Lyme, Measles, Mumps, Mycobacteria NAA, Norovirus PCR, Plague, Rickettsia, Rubella, or Tularemia testing.

Comments: _____
_____
_____

All fields highlighted with yellow are required for specimen processing. In addition, at least one test must be requested.

ORIGINAL TO STATE LABORATORY AND BACK COPY TO SUBMITTER

FIELD RECORD (CDC 73.2936S) AND INSTRUCTIONS



FIELD RECORD INSTRUCTIONS

Instructions and Code Descriptions for the Field Record (CDC 73.2936S)

The Field Record is used to assist the Disease Intervention Specialist (DIS) in STD case management and provides space to record observations and results. Certain information from the Field Record can be transferred to another form provided by CDC called the Interview Record (CDC 73.54). **These instructions describe how to complete the Field Record (CDC 73.2936S).** Each numbered item in the instructions directly corresponds to the number on the sample record. The Field Record is to be completed at the time of the reactor/patient, partner, or cluster (suspects and associates). **This form is used when attempting to locate sex and/or needle-sharing partners of original cases after interviews,** or HIV seropositive patients who need post-test counseling, or STS reactive persons who need assessment of their syphilis status.

Note: An abbreviated version of the Field Record instructions can be found on the reverse side of the second and third pages of the Field Record. Additionally, the "Month/Day/Year" (MM/DD/YYYY) format should be utilized for all date fields on this record.

1. **– Name:** Enter the full name—Last name first, then first name and middle initial, if known. Aliases/nicknames used by the individual should also be entered here. If only first name known, then ""Unk"" for unknown should be used for the last name. If only nickname known, then "Unk, Unk" can be used for first and last name. The nickname should be written in quotes on this line.

2. **– Address:** Enter the complete address of the patient, partner, or cluster you are trying to locate, with apartment number if applicable.

3. **– Home Phone:** Enter the phone number of the patient, partner, or cluster you are trying to locate.

4. **– City:** Enter city of residence of the patient, partner, or cluster you are trying to locate.

5. **– State:** Enter the state of residence using the two-letter post office abbreviation of the patient, partner, or cluster you are trying to locate.

6. **– Zip:** Enter the zip code of the residence of the patient, partner, or cluster you are trying to locate.

7. **– D.O.B./Age:** Enter the date of birth (D.O.B.), age or the estimated age of the patient, partner, or cluster you are trying to locate. If known, give date of birth in six-digit format (MM/DD/YYYY). All six digits of D.O.B. may not be known at time of filling out FR. Put in any number that is known or suggested by the original patient (such as 12/--/67 or 68); and complete the information after the patient, partner, or cluster is located and referred for examination and treatment.

8. **– Race:** Enter an "X" in the appropriate box:

   W (White) – A person having origins in any of the original peoples of Europe, North Africa, or the Meddle East.

   B (Black) - A person having origins in any of the original black racial groups of Africa.

   A/PI (Asian or Pacific Islander) - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. (Examples: China, India, Japan, Korea, and Samoa.)

AI/AN (American Indian or Alaskan Native) - A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

O/U (Other or Unknown) – Other, not specified, or unknown.

9. **– Ethnicity:** Enter an "X" in the appropriate box to identify Hispanic origin.

10. **– Sex:** Enter an "X" in the appropriate box to identify sex.

11. **– Marital Status:** Enter an "X" in the appropriate box to identify marital status of the partner/cluster.

S – Single	D – Divorced
M –Married/Common Law	SP – Separated
W – Widowed	U – Unknown

12. **– Height*:** Enter an estimate of the height of the partner/cluster according to information from the original patient.

13. **– Size/Build*:** Enter an estimate of the weight and body build of the partner/cluster according to information from the original patient.

14. **– Hair*:** Enter an estimate of the hair color and style of the partner/cluster according to information from the original patient.

15. **– Complexion (Skin)*:** Enter the color and appearance of the complexion of the partner/cluster according to information from the original patient.

[*Note: Items 12-15 are specifically designed to be used when field investigation will be performed to locate partners and clusters. It is optional when used "in-house" by LHDs who never do field investigations. The information comes from the original patient that was elicited during the original interview of the original patient by the interviewer.]

16. **– Pregnancy Status:** Check the appropriate box for the current pregnancy status. Indicate the duration of pregnancy in weeks. If the duration of pregnancy is not known, enter the best estimate.

17. **– Place of Employment:** Enter as much information as possible such as the name of the company, complete address, phone number, and the hours worked of the partner/cluster. If unemployed, then enter "unemployed." If unknown, enter "Unk." If a student, enter "student" and name, address and phone number of school.

18. **– Exposure:** Enter the dates of exposure (sex and/or needle-sharing) provided by the original patient during the interview for the partners.

    First – Enter the date of first (sexual) exposure in six digit format.* (MM/DD/YYYY)

    Frequency (Freq.) – Enter the frequency of exposure to the original patient; avoid using terms such as "marital" or "steady."
    For example, frequency should be described as:

    1X -Single exposure, "one time only"
    15X -Fifteen times only
    3/wk -Three times per week
    99 – Unknown

    Last – Enter the date of last exposure. (MM/DD/YYYY)

19. **– Original Patient I.D. Number:** Enter the control number, medical record number, **case number, or other locally assigned identifiers**, if a computerized case management system is utilized (such as STD*MIS), it is essential that the related control number from the Interview Record of the original patient be recorded here.

20. **– Other Identifying, Locating, or Medical Information:** This area is for local use. It may be used for maps, landmarks, car driven, physical trait, hangouts, emergency contract phone numbers, etc. (Pertinent past positive test and treatment information may be duplicated/documented here also or in the Examination" and "Treatment" sections of this record depending on available space. If additional space is needed for any documentation, use the back of the green (cardstock) coy of this Field Record.

21. – Referral Basis: Enter an "X" in the appropriate box:

A. **Partner:** This individual was named by the original patient as having a sex, needle-sharing, or both types of relationship with the original patient during the interview period. In the space provided, enter the type of relationship:

Partner Codes:

P1 – Sex Partner
P2 – Needle-Sharing Partner
P3 – Both Sex and Needle-Sharing Partner

Disease 1, Disease 2: Enter the Disease 1 or Disease 2 codes of the original patient.

100 – Chancroid
200 – Chlamydia
300 – Gonorrhea
350 – Resistant Gonorrhea
400 – Non-Gonococcal Urethritis
450 – Mucopurulent Cervicitis
490 – Pelvic Inflammatory Disease
500 – Granuloma Inguinale (Syndrome)
600 – Lymphogranuloma Venereum
700 – Syphilis Reactor
710 - Primary Syphilis
720 - Secondary Syphilis
790 – Congenital Syphilis
800 – Warts
850 – Herpes
900 – HIV
950 – AIDS (Syndrome)

Example: A sex partner of a patient with secondary syphilis would have the partner box checked, and "P1" (sex partner) entered on the line, and "720" (secondary syphilis) in the "Disease 1" box.

B. **Cluster**: This individual has been identified as a suspect or associate. Suspects are named by an infected person and associates are named by an uninfected person. In the space provided, enter the relationship.

Suspects:
S1 – Suspect who has or had symptoms suggestive of the identified disease.
S2 – Suspect who is described as partner of another infected individual.
S3 – Suspect who could benefit from an exam and/or appropriate testing.

Associate:

A1 – Associate who has or had symptoms suggestive of the identified disease.
A2 – Associate who is described as a partner of another infected person.
A3 – Associate who could benefit from an exam or appropriate testing.

C. **Positive Lab Test**: This record is initiated for follow-up on a positive laboratory test result obtained through screening, private physicians, or other sources. If this is a syphilis reactor, enter Disease Code "700" in the applicable space. If this is HIV, enter code "900".

D. **OOJ/ICCR**: This record is initiated due to information obtained from another jurisdiction.

OOJ/ICCR Codes
1 – Partner
2 – Cluster
3 – Positive Lab Test

Example: For a person with reactive syphilis serology from another jurisdiction, check this box, enter "3" on the line (lab test), and enter "700" in the Disease 1" box (reactor).

22. – Init. Agency: Enter the appropriate name of the initiating agency. (Such as "Clark County")

23. – Inv. Agency: If different from above, (when sending to another LHD or to the state for out-of-state follow-up) enter the name or code number of the health department or other agency actually conducting the investigation.

24. – Clinic Code: (Not applicable to Wisconsin LHDs.)

25. – Examination: Enter the Date, Test, Result, and Provider for each test performed on this partner/cluster/HIV-positive or syphilis test.

26. – Treatment: Enter the Date, Drug, Dosage, and Provider for each medication for this partner /cluster/HIV-positive or syphilis test.

27. – FR Number (Field Record Number): This is a pre-printed number that may be noted on the LHD copy of the DPH 4243 from.

28. – OOJ (Out of Jurisdiction) **NO.:** (Not applicable to Wisconsin LHDs.)

29. – OOJ Area: (Not applicable to Wisconsin LHDs.)

30. – Due Date: (Not applicable to Wisconsin LHDs.)

31. – Disease 1, Disease 2: Summary information.

A. **Interviewer Number:** Enter the initials of the LHD staff member who initiated the Field Record for follow-up (e.g. LSW).

B. **Date Initiated:** Enter the date this partner, cluster, HIV-positive, or syphilis-positive person is initiated for DIS follow-up.

C. **Type Interview:** Enter the code for the type of interview that provided sufficient information in order to initiate this Field Record. *If this Field Record is not for a partner/cluster investigation, leave blank.*

0 – Original interview (with the original patient)
R – Re-interview (with the original patient)
C – Cluster Interview (original patient, partner, cluster)
P – Posttest Counseling Session (original patient)

U – Unable to Interview*****

* **Partners/clusters were initiated although the original partner was not interviewed (includes those records initiated from a record search of previous cases).**

D. **Type Referral:** (For partners/clusters only)

Patient: Enter a "1" if the original patient was responsible for the referral of this individual for examination/treatment.

Provider: Enter a "2" if a DIS investigation was responsible for the referral of this individual for examination/treatment.

E. **Disposition:** Includes STD and HIV disposition.

STD DISPOSITIONS

A. Preventive Treatment – The partner/cluster was examined and treated but the infection was not found by lab tests/clinical evidence.

B. Refused Preventive Treatment – The partner/cluster was examined and infection was not found. However the partner/cluster refused preventive therapy.

C. Infected, Brought to Treatment – The partner/cluster/sero-reactor was examined and treated (for the suspected infection) as a direct result of this field investigation. If the individual was treated prior to the initiation of this Field Record, the disposition will be "E".

D. Infected, not Treated – The partner/cluster was examined/tested but not adequately treated (refused treatment or treatment status unknown). For this, there must be information from a health care provider, which indicates the presence of the infection.

E. Previously Treated for This Infection – The partner/cluster/sero-reactor was adequately treated for the disease suspected prior to the initiation of a Field Record.

F. Not Infected – The tests/exam for the suspected disease are negative and preventive therapy was not required for this individual.

G. Insufficient Info to Begin Investigation – There is not sufficient information to warrant an investigation. This disposition should always be discussed with a supervisor. This is an administrative disposition and should not be used if any investigative effort is expended. In such instances, a disposition "H – Unable to Locate" is the correct one. When appropriate for FR's that were received from an out-of-jurisdiction location, this disposition should be accompanied by an explanation.

H. Unable to Locate – The partner/cluster or seropositive was not found after a **thorough** DIS investigation. This disposition should always be reviewed with a supervisor. To ensure quality control, it is recommended that the following minimum number of resources be exhausted before this disposition is used: Department of Motor Vehicles, detention centers, major hospitals, probation authorities, major community health centers, community-based organizations, etc. If the infection status or a seropositive is known, use disposition "D".

J. Located, Refused Examination – The partner/cluster was found but refused examination. This disposition should always be reviewed and initiated by a supervisor before being given as final.

K. Out of Jurisdiction – The partner/cluster or STS positive has moved from the jurisdiction and locating information is available to forward it for continued investigation.

Note: Appropriate action should be taken to forward the necessary information to the new jurisdiction.

L. Other – This disposition is to be used when none of the above dispositions apply. Document the reason why this disposition was selected.

HIV DISPOSITIONS

1. **Previous Positive –** The partner/cluster tested positive for the disease prior to the initiation of this Field Record.

2. **Previous Negative, New Positive –** The partner/cluster tested negative for the disease prior to the initiation of this Field Record. As a result of the initiation of this Field Record, the partner/cluster was re-examined/tested and tested positive for the disease.

3. **Previous Negative, Still Negative –** The partner/cluster tested negative for the disease prior to the initiation of this Field Record. As a result of the initiation of this Field Record, the partner/cluster was re-examined/tested and again tested negative for the disease.

4. **Previous Negative, Not Re-tested –** The partner/cluster tested negative for the disease prior to the initiation of this Field Record but was not able to be re-examined/tested for this current Field Record.

5. **Not Previously Tested, New Positive –** The partner/cluster had never been examined/tested for this disease prior to the initiation of this Field Record. As a result of the initiation of this Field Record, the partner/cluster was examined/tested and tested positive for the disease.

6. **Not Previously Tested, New Negative –** The partner/cluster had never been examined/tested for this disease prior to the initiation of this Field Record. As a result of the initiation of this Field Record, the partner/cluster was examined/tested and tested negative for the disease.

7. **Not Previously Tested, Not Tested Now –** The partner/cluster had never been examined/tested for this disease prior to the initiation of this Field Record and was not able to be examined/tested for this current Field Record.

G. Insufficient Information to Begin Investigation – There is not sufficient information to warrant an investigation. This disposition should always be discussed with a supervisor. This is an administrative disposition and should not be used if any investigative effort is expended. In such instances, a disposition "H – Unable to Locate" is the correct one. When appropriate for FR's that were received from an out-of-jurisdiction location, this disposition should be accompanied by an explanation.

H. Unable to Locate – The partner/cluster or seropositive was not found after a **thorough** DIS investigation. This disposition should always be reviewed with a supervisor. To ensure quality control, it is recommended that the following minimum number of resources be exhausted before this disposition is used: Department of Motor Vehicles, detention centers, major hospitals, probation authorities, major community health centers, community-based organizations, etc. If the infection status or a seropositive is known, use disposition "D".

J. Located, Refused Counseling and Testing – The partner/cluster was found but refused examination. This disposition should always be reviewed and initiated by a supervisor before being given as final.

K. Out Of Jurisdiction – The partner/cluster or STS/HIV positive has moved from the jurisdiction and locating information is available to forward it for continued investigation. **Note: Appropriate action should be taken to forward the necessary information to the new jurisdiction.**

L. Other – This disposition is to be used when none of the above dispositions apply. Document the reason why this disposition was selected.

INTERVIEW RECORD – CDC FORM 73.54

Interview Record

Note: See the reverse side of page one of this record for the codes and the reverse side of pages two and three for an abbreviated set of instructions. See the full set of Interview Record instructions for further definition.

Disease: 1. [ ] 2. [ ] **1**

Control Number **A 0525162** **2**

Patient Name (Last) **3** | (First & Nicknames) | Case # **4** | Inform ID. **5**

Home Address (Street) **6** | City | Res. Co. **7** | State **8** | Zip Code **9** | Home Phone **10**

Date of Birth **11** | Age **12** | Race W B A/PI AI/AN O/U **13** | Ethnicity H Non-His. **14** | Sex M F **15** | Pregnant? Y Wks N U **16** | Pregnancy in Last 12 Mos.? Y N U **17**

Method of Case Detection: **18**
- Provider Ref. To: ____
- Cluster To: ____
- Patient Ref. To: ____
- Prenatal
- Delivery
- Instit. Screening
- Community Screening
- Reactor
- Provider Report
- Volunteer

Information Source **19**

Supv. No. **20** | **Clinic Code** **21** | **Medical Record No.** **22**

Date Assigned	Assigned to Wkr:	Date Treated	Case IX'D?	Interview Period	Period Partners Sex N/S Both
1. **23**	**24**	**25**	**26**	**27**	**28**
2.					

Since 1978: (Check All That Apply) — Initial / Final **32**
1. Sex w/ Male? Y Y
2. Sex w/ Female? Y Y
3. Used IV drugs? Y Y
4. Hemophilia? Y Y

Known Heterosexual Relations w/:
5. IVDU? Y Y
6. Bisexual Male? Y Y
7. Person w/ Hemophilia? Y Y
8. HIV Positive Transfusion Recip.? Y Y
9. Person w/ AIDS or HIV Risk UNK.? Y Y
10. One Born in Pattern II? Y Y
11. Rec'd Blood Transfusion? Y Y
12. Worked in Health Care Setting? Y Y
13. Sex for Drugs/Money? Y Y

1. Pre-Test Counseled? Y N
2. Tested for HIV? Y N R **29**
3. Post-Test Counseled? Y N

Previous HIV Test: No P N I U — Date: **30** — Provider:

Current HIV Test: No P N I U — Date: **31** — Provider:

Symptoms: Onset Date	Duration (Days)	Description	Lab Results: Date	Test	Result	Treatment	Other Infections
	33			**34**		1. **35**	**36**
						2.	

INT No.	Date of Interview	Type	P CL	Ref	Exposure Dates: First	Freq.	Last	FR Num	Name	Sex	Disease 1: Disp	Disp Date	Diag	Wkr. No.	Disease 2: Disp	Disp Date	Diag	Wkr. No.	Post Test CNSL	SO SP	Invst Agen
1																					
2																					
1																					
2 **37**	**38**	**39**	**40**	**41**	**42**			**43**	**44**	**45**			**46**						**47**	**48**	**49**
1																					
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Local Use **50** A B C D E F G | Date Closed (1): **51** | Date Closed (2):

CDC 73.54 8-91

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control

INTERVIEW RECORD CODES

Interview Record Codes

Disease/Diagnosis Codes

100 - Chancroid
200 - Chlamydia
300 - Gonorrhea
350 - Resistant Gonorrhea
400 - Non-Gonococcal Urethritis
450 - Mucopurulent Cervicitis
490 - Pelvic Inflammatory Disease (Syndrome)
500 - Granuloma Inguinale
600 - Lymphogranuloma Venereum
700 - Syphilis Reactor
710 - Primary Syphilis
720 - Secondary Syphilis
730 - Early Latent Syphilis
740 - Latent Syphilis, Unknown Duration
745 - Late Latent Syphilis
750 - Late Syphilis with Symptomatic Manifestations
760 - Neurosyphilis
790 - Congenital Syphilis
800 - Genital Warts
850 - Herpes
900 - HIV
950 - AIDS (Syndrome)

Information Source/Provider Codes

Clinics:
01 - HIV Counseling and Testing Site
02 - STD
03 - Drug Treatment
04 - Family Planning
05 - Prenatal/Obstetrics
06 - Tuberculosis
07 - Other Clinic (Specify)

Other:
08 - Private Physician/HMO
09 - Hospital (Inpatient)
10 - Emergency Room
11 - Correctional Facility
12 - Laboratory
13 - Blood Bank
88 - Other (Specify)

99 - Unknown

Case Interviewed

C - Clinic
F - Field
U - Unable to Locate
R - Refused Interview
O - Other

Type (of Interview)

O - Original
R - Reinterview
U - Unable to Interview (But Partners/Clusters are Initiated)
C - Cluster
P - Posttest

Type Ref. (Type Referral)

1 - Patient
2 - Provider

P/CL (Partner/Cluster)

P1 - Sex Partner
P2 - Needlesharing Partner
P3 - Both Sex and Needle

S1 - Suspect 1
S2 - Suspect 2
S3 - Suspect 3

A1 - Associate 1
A2 - Associate 2
A3 - Associate 3

N - No Partners/Clusters Initiated

Sex

M - Male F - Female
P - Pregnant Female

Post-Test CNSL?

Y - Yes
N - No

SO/SP (Source/Spread)

1 - Source
2 - Spread

STD Dispositions

A - Preventive Treatment
B - Refused Preventive Treatment
C - Infected, Brought to Treatment
D - Infected, Not Treated
E - Previously Treated for This Infection
F - Not Infected
G - Insufficient Information to Begin Investigation
H - Unable To Locate
J - Located, Refused Examination
K - Out Of Jurisdiction
L - Other

HIV Dispositions

1 - Previous Positive
2 - Previous Negative, New Positive
3 - Previous Negative, Still Negative
4 - Previous Negative, Not Re-tested
5 - Not Previously Tested, New Positive
6 - Not Previously Tested, New Negative
7 - Not Previously Tested, Not Tested Now
G - Insufficient Information to Begin Investigation
H - Unable To Locate
J - Located, Refused Counseling and Testing
K - Out Of Jurisdiction
L - Other

INSTRUCTIONS AND CODE DESCRIPTIONS FOR THE INTERVIEW RECORD (CDC73.54)

The Centers for Disease Control and Prevention (CDC) STD/HIV Prevention Interview Record is designed for use by state and local STD/HIV Disease Intervention Specialists (DIS) who interview individuals who have STD. The intent of this interview activity is to identify other potentially infected persons who may need treatment, counseling, or other early intervention services. Local program priorities and/or regulations will determine who is interviewed. Recording interview information and the results of field activity on this form will assist programs in collecting useful information for planning and evaluation purposes. Additionally, local policy or legislation may restrict the documentation of HIV information on a written record. If this is the case, local programs should not use HIV sections of this record. These instructions describe how to complete the interview record. Each numbered item in the instructions corresponds to the number on the sample record.

Note: An abbreviated version of the interview record instructions is printed on the reverse side of the second and third pages of the Interview Record. Additionally, the "Month/Day/Year" (MM/DD/YYYY) format should be utilized for **all** date fields on this record.

1 – **Disease 1, 2:** Enter the specific disease code(s) for which the patient was diagnosed and interviewed. The form enables each program, depending on program priorities, to interview for one or two (dual/concurrent) infections for each patient during a single interview encounter.

100 – Chancroid
200 – Chlamydia
300 – Gonorrhea
350 – Resistant Gonorrhea
400 – Non-Gonococcal Urethritis
450 – Mucopurulent Cervicitis
490 – Pelvic Inflammatory Disease (Syndrome) *
500 – Granuloma Inguinale
600 – Lymphogranuloma Venereum
710 – Primary Syphilis
720 – Secondary Syphilis
730 – Early Latent Syphilis
740 – Latent Syphilis, Unknown Duration
745 – Late Latent Syphilis
750 – Late Syphilis with Symptomatic Manifestations
760 – Neurosyphilis **
790 – Congenital Syphilis
800 – Genital Warts
850 – Herpes
900 – HIV
950 – AIDS (Syndrome) ***

*** To document interviewing of a patient with PID, enter the causative agent in "Disease 1 or 2" and enter PID in the "Other Infections" section of this form below. (Example: If the infection is Gonococcal Pelvic Inflammatory Disease. enter the code "300" in the "Disease 1" box and enter "490" in the "Other Infections" section of the form.)**

**** Neurosyphilis can be diagnosed at any stage of syphilis. To document interviewing of a patient with neurosyphilis, enter the appropriate syphilis disease stage (710 – 750) in "Disease 1 or 2" box and enter "760" in the "Other Infections" section of the form.**

***** To document interviewing for a patient with AIDS, enter the causative agent (HIV) in "Disease 1 or 2" and enter AIDS in the "Other Infections" section of the form.**

2 – **Control Number:** This pre-printed number is supplied for data processing/control purposes to link related cases. If a computerized case management system is in place, it is **essential** that this number appear in the "Original Patient Id, Number" section of the related Field Record(s).

3 – **Patient Name:** Enter the patient's full name, last name first. Any aliases or nicknames should also be recorded here. Additional space for other names used can be found on the "Original Patient Information Sheet."

4 – **Case Number:** If this case has been assigned a local number, enter it here. This is an optional field for local use.

5 – **Inform Id.:** Enter the case number of the original patient to which this case is related. This is an optional field for local use.

6 – **Home Address:** Enter the patient's complete address, including apartment number and city.

7 – **Res. Co.:** Enter the FIPS (Federal Information Processing Standards) code for the county in which the patient resides.

8 – **State:** Enter the standard 2-letter abbreviation for the state in which the patient resides.

9 – **Zip:** Enter the 5-digit zip code for the address at which the patient resides.

10 – **Home Phone:** Enter the phone number where the patient can be reached.

11 – **Date of Birth:** Enter the patient's date of birth (MM/DD/YYYY). Enter 99/99/99 if unknown.

12 – **Age:** Enter the patient's age as of the last birthday. Enter "01" if age is less than one year or 99 if unknown.

13 – **Race:** Enter an **"X"** in the appropriate box.

W (White) – A person having origins from any of the original peoples of Europe, North Africa, or the Middle East.

B (Black) – A person having origins from any of the original black racial groups of Africa.

A/PI (Asian or Pacific Islander) – A person having origins from any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

AI/AN (American Indian/Alaskan Native) – A person having origins from any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

O/U (Other or Unknown) – Other, not specified, or unknown.

NOTE: A racial category and ethnicity must always be checked for each patient.

14 – **Ethnicity:** Enter an **"X"** in the appropriate box to identify Hispanic origin – a person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of the race. Identify the ethnic group with which the patient identifies.

15 – **Sex:** Enter an **"X"** in the appropriate box for male or female.

16 – **Pregnancy Status:** Check the appropriate box for current pregnancy status. Indicate the duration of pregnancy in weeks. If the duration of pregnancy is not known, enter the best estimate.

17 – **Pregnancy in Last 12 Months?:** Determine if this patient has been pregnant during the last twelve months. If currently pregnant, a "Yes" answer indicates that the woman had another pregnancy within the last twelve months, not including her current pregnancy. Probe any "Yes" response to this question to determine if there is a possible undetected case of congenital syphilis or a syphilitic stillbirth. Suggested questions to probe with are: "Did a delivery take place?", "When?", "Where?", "How old is the baby now?", etc.

18 – **Method for case Detection:** Enter an **"X"** in the box which best describes how the interviewed patient came to the attention of the STD/HIV program. Check only one box.

Provider Referred Partner – This case was identified through DIS activity following an interview with another known case. This case is a named partner of a known case. The provider (health department or other) was involved in the referral of this individual.

Cluster – This case was brought to the attention of the program as a result of a DIS cluster interview. This case was originally designated as a Suspect or Associate.

Patient Referred Partner – This case was referred to the program by another known case following an interview. This may be a named or unnamed partner. No provider involvement was necessary for this referral.

To: Enter the disease code of the known case to which the provider referral, cluster referral, or patient referral is reportedly related. For example: Cluster To: 710 (Primary Syphilis), Provider Referral To: 900 (HIV)

Prenatal – This case was found as a result of prenatal screening.

Delivery – This case was found as a result of screening at the time of delivery.

Institutional Screening – This case was found through screening conducted in various community institutions (other than prenatal clinics and delivery services – see above) such as correctional facilities, drug abuse treatment centers, emergency clinics, etc., where health services may be delivered.

Community Screening – This case was found through screening or special testing by the program or community based organizations in a variety of community settings where health services are not traditionally provided. Community settings include hangouts, bars, houses, apartment complexes, parks, neighborhood, etc. This category also includes cases found through program-sponsored mobile clinics stationed in neighborhoods.

Reactor – This case was found as a result of routine syphilis reactor surveillance and follow-up by program staff.

Provider Report – This case was identified by a written or telephone report initiated by a private health care provider.

Volunteer – This case was self-referred to a STD clinic. An individual who is initially examined by a private physician and attends the STD clinic for diagnosis and treatment is also classified as a volunteer.

19 – **Information Source:**

Information Source/Provider Codes

Clinics:	*Other:*
01 – HIV Counseling and Test Site	**08** – Private Physician/HMO
02 – STD	**09** – Hospital (Inpatient)
03 – Drug Treatment	**10** – Emergency Room

04 – Family Planning
05 – Prenatal/Obstetrics
06 – Tuberculosis
07 – Other Clinic (Specify)
11 – Correctional Facility
12 – Laboratory
13 – Blood Bank
88 – Other (Specify)
99 – Unknown

20 – **Supv. No.:** Enter supervisor's assigned number.

21 – **Clinic Code:** If applicable, enter the code of the clinic at which this case was diagnoses. This is an optional field for local use.

22 – **Medical Rec. No.:** If known, enter patient's medical record number. For Example, if this is a clinic patient, enter the clinic record number; if a hospital record, enter that number. This would be for reference purposes and local policy would dictate the necessity for this documentation.

23 – **Date Assigned:** Enter the date the case was assigned to a DIS who has been assigned to a DIS for follow-up. (MM/DD/YYYY)

24 – **Assigned to WKR.:** Enter the worker number for the DIS who has been assigned this case for follow-up.

25 – **Date Treated**: Enter the date of treatment for the disease diagnosed. This field does not apply to HIV diagnosis – leave blank. For unknown treatment, use 99/99/99. Document the treatment in the "Treatment" section provided below. (MM/DD/YYYY)

26 – **Case IX'D** – (Case Interviewed)?: Enter the appropriate letter to indicate if or where the patient was interviewed:

C (Clinic) – The patient was interviewed in the STD clinic.

F (Field) – The Patient was interviewed while the DIS was performing field activity.

U (Unable to Locate) – The patient was not located for an interview.

R (Refused) – The patient was located but refused the interview.

27 – **Interview Period:** Enter the interview period (in months) for each infection.

28 – **Period Partners:** Enter the total number of sex and/or needle sharing partners claimed by the patient during the interview period. *

"Sex Partners" are only those persons with whom the original patient has had sex and not shared needles.

"Needle-sharing Partners" are only those partners with whom the original patient has shared needles, but did not have sex.

"Both" are those persons with whom the original patient has had sex and shared needles.

*** This includes initiated partners, marginal partners, anonymous partners, and partners not named. For example, the patient may claim 10 sex partners during the three-month interview period (Primary Syphilis), while there is only sufficient information to initiate three, the total of 10 (rather than 3) should be entered for "Sex Partners," 0 for "Needle-sharing Partners," and 0 for "Both."**

The question that should be asked is "How many partners have you had during the last ____ months? The number of months depends on the interview period.

29 – **HIV Counseling and Testing Information:** If HIV testing is available in this clinic, complete the following three items about patients for whom an Interview Record is otherwise initiated. Enter **"X"** in the appropriate box. *

1 – *Pre-Test Counseled?* – The patient was pretest counseled for HIV during this encounter (Yes, No).

Note: Y= the patient received pre-test counseling with the most recent clinical examination or was pre-test counseled during an interview.

2 – *Tested for HIV?* – If HIV testing was offered, did the patient receive a test (Yes, No, Refused)?

3 – *Post-Test Counseled?* – The [patient was HIV post-test counseled in the clinic or field regardless of whether the results were positive or negative (Yes, No).

*** Local Policy will determine use of this section.**

30 – **Previous HIV Test:** (Prior to the current encounter)

A. Enter the appropriate response if the information can be obtained. Only verified, documented results should be entered in this section:

NO – No Previous Test Documented
P – Positive Test
N – Negative Test
I – Indeterminate Test
U – Unknown

B. Document the date of the test (MM/DD/YYYY) and the provider code. Write the name of the provider in the space provided. Use the "Information Source" codes for documentation of the provider type.

31 – **Current HIV Test:**

A. Enter the current HIV test results for this patient.

NO – Not Done
P – Positive Test
N – Negative Test
I – Indeterminate Test
U – Unknown

B. Document the date of the test (MM/DD/YYYY) and the provider code. Write the name of the provider in the space provided. Use the "Information Source" codes for documentation of the provider type.

32 – **Risk Assessment:** Risk assessment should occur for **all** persons who are interviewed. The **initial** assessment should be completed during the initial/original interview while the **final** assessment should be completed at case closure. All 13 factors should be assessed each time. (The final assessment incorporates new information gained from investigative activities.) It is possible to check several boxes in this section.

* **Check the "Yes" box if any of the following have occurred since January 1978.**

1 – *Sex w/male?* – The patient's sexual relations were with a male.

2 – *Sex w/ female?* – The patient's sexual relations were with a female

3 – *Used IV drugs?* – The patient has used IV drugs, since 1978.

4 – *Hemophilia?* – The patient is hemophiliac.

Heterosexual Relations w/ Known:

5 – *IVDU (IV Drug User)?* – The patient has been a sex partner of an IV drug user.

6 – *Bisexual male?* – The patient has been a sex partner of a bisexual male.

7 – *Person w/ hemophilia?* – The patient has bee a sex partner of a person with hemophilia.

8 – *HIV positive transfusion recip.?* – The patient has been a sex partner of a person who was infected with HIV through a blood transfusion.

9 – *Person w/AIDS or HIV risk UNK*? – The patient has been a sex partner of an HIV-infected person whose risk is not specified.

10 – *One born in Pattern II?* – The patient has been a sex partner of a person born in a Pattern II country.

The current Pattern II (heterosexual transmission dominant) countries are as follows:

Angola	Gabon	Mozambique
Botswana	Gambia	Niger
Burundi	Ghana	Nigeria
Cameroon	Guinea	Rwanda
Central African Republic	Guinea-Bissau	Senegal
Chad	Haiti	Sierra Leonne
Congo	Ivory Coast	Sudan
Costa Rica	Kenya	Tanzania
Berrin	Liberia	Togo
Equatorial Guinea	Malawi	Uganda
Ethiopia	Mali	Upper Volta
Afars and Issas	Mauritania	Zambia
		Zimbabwe-Rhodesia

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11 – *Received blood transfusion?* – The patient has been the recipient of blood/blood products during the time period, 1978-1985.

12 – *Worked in health care setting?* – The patient has worked in a health care setting which could have potentially exposed the patient to contaminated body fluids, e.g. Person working in an emergency room caring for trauma patients; person cleaning patient rooms, especially those soiled with body fluids; person at risk for needle sticks, such as a nurse, physicians, and phlebotomists. This does not include clerical and other such support staff working in health care settings.

13 – *Sex for drugs/money?* – The patient has given or accepted drugs or money in exchange for sex.

33 – **Symptoms:**

Onset – Enter the date when patient first became aware of symptoms. (MM/DD/YYYY)

Duration (Days) – Enter the number of days that symptoms were present.

Description – Briefly describe symptoms and site(s). Use a new line to document different symptoms or separate occurrences of similar symptoms. For example, if two symptoms were

identified, write "penile lesion" on first line and "macular/papular rash" on second line. If recurring secondary symptoms were identified, use another line to document the new onset date, duration, and description.

34 – **Lab Results:** Summarize all lab results relevant to this case, listing the most recent first.

Note: HIV status should be documented in the "Previous HIV Test" and/or "Current HIV Test" section of the form.

Date – Enter the date when the laboratory test was performed. (MM/DD/YYYY)

Test – Enter the type of test performed.

Result – Enter the laboratory findings.

35 – **Treatment:** Enter the adequate treatment regimen of the interviewed disease(s). If the disease is HIV, leave the line blank. Example – If Disease 1 is HIV and Disease 2 is secondary syphilis (the patient is treated with 2.4 MU benzathine penicillin), then enter 2.4 MU bicillin (or 2.4 bic) on line 2. Other treatment should be documented on the "Original Patient Information Sheet." For the recommendations of adequate treatment, please see the current Treatment Guideline.

36 – **Other Infections:** Enter the other infections and/or syndromes diagnosed in this patient. This includes those infections that do not usually require a patient interview in your program. This is the section where PID and AIDS should be listed if they are present in this patient and those conditions which stimulated a patient interview. The causative agents for PID and AIDS should be identified in the "Disease" section at the top of the form. Additionally, adequate follow-up on partners exposed to these infections should be assured.

PARTNER/CLUSTER INITIATION

This section of the form is used to record all interview activity and the results of investigations. Guidelines for completing the partner/cluster initiation section are:

1. If a patient is interviewed, at least one line must be entered to document the interview activity.

2. If no interview is conducted, then a line is not completed; however, the top section of the form must be completed. Specifically, identify that no interview took place in the "Case Ix'd" box (see code descriptions for item 26.

3. All re-interview or cluster activity must be listed on separate lines.

4. Separate lines must be used to record results of initiable partners and clusters. If more lines are required, utilize another Interview Record. Disease 1, 2, Patient Name, and Case Number should be entered on the second form. Draw a line through the control number and put the control number of the original 73.54 in the space above.

   Enter only the names and sex or needle-sharing partners, suspects, associates **for whom sufficient information has been obtained to initiate a Field Record.**

   For interviews of dually infected patients, a split line is used to distinguish between Disease 1 and Disease 2 for Interview Number, Date of Interview, Type of Interview, Partner/Cluster, and Type of Referral.

37 – **Int. No. (Interviewer Number):** Enter the interviewers assigned number each time any type of interview activity related to the case occurs or to document the initiation of partners or clusters.

38 – **Date of Interview:** Enter the date of the original interview, re-interview, cluster interview or post-test counseling was performed (MM/DD/YYYY)

39 – Type: Enter the type of interview:

O – Original Interview (with the original patient)
R – Re-Interview (with the original patient)
C – Cluster Interview (with the original patient, partner, cluster)
P – Post –Test Counseling (with the original patient)
U – Unable to Interview *

*** May include situations where the original patient was not interviewed, but sex partners, needle-sharing partners, or clusters were initiated from a record search or cluster activity.**

Note: General field screening should not be included in the summary information of a case. Other mechanisms must be used to collect this type of screening information.

40 – P/CL (Partner/Cluster): Enter the appropriate identifier for the specific type of partner/cluster that corresponds to Disease 1 or Disease 2.

N – No Sex/needle-sharing Partners/Clusters initiated/

Note: If no partners or clusters are initiated during an interview, then enter the interviewer number, date of interview, type of interview, and "N" in the box marked "P/CL" (partner/cluster).

PARTNER – Persons having sex (activities of any type), sharing needles, or both activities with the original patient.

P1 – Sex Partner
P2 – Needle-sharing Partner
P3 – Both Sex and Needle-sharing Partner

SUSPECT – Persons named by an infected person (e.g., original patient).
S1 – Person who has or had symptoms suggestive of the condition listed in Disease1 or Disease 2.

S2 – Person who is described as a sex partner of a known infected person.

S3 – Any other person who would benefit from an exam.

ASSOCIATE – Persons who are named by an uninfected partner or cluster.

A1 – Person who has or had symptoms suggestive of the condition listed in Disease1 or Disease 2.

A2 – Person who is described as a sex partner of a known infected person

A3 – Any other person who would benefit from an exam.

41 – **REF (Referral):** This only refers to initiated partners and clusters and describes how they are brought into the program for examination. This documentation will take place at the time of disposition (closure) of the Field Record.

1 – Patient: No health department involvement in the referral of this partner/cluster.

2 – Provider: DIS or other health department staff were involved in the referral.

Note: The patient referral code should also be used if a contract referral was kept and the program did not initiate field activity before the partner/cluster was brought to the program.

42 – **Exposure Dates:** Enter the exposure information in this section.

FIRST – Enter the date of first exposure. (MM/DD/YYYY)

FREQUENCY – Enter the frequency (number) of exposure to original patient between the first and last or most recent exposure. This should be described as specifically as possible.

Single exposure – 1x

Multiple Exposures – For example, three times per week (3x/wk) or two time per month (2x/mo).

Unknown – "99"

LAST – Enter the date of last exposure. (MM/DD/YYYY)

43 – **FR NUM (Field Record Number of the 73.2936S):** Enter the Field Record control number for the partner/cluster initiated. (located in the lower, left side of the 73.2936S).

44 – **Name:** Enter the name of the partner/cluster with last name on the top line and first name on the bottom line.

45 – **Sex:** Enter **M** = Male, **F** = Female, or **P** = Pregnant Female to indicate the sex of the partner/cluster initiated.

46 – **Disease 1, 2:** This information is derived from the Field Record. Disease 1 refers to information about the partner/cluster as it relates to Disease 1 of the original patient.

Disp. (Disposition): Enter the disposition code from the Field Record. Refer to the Field Record instructions for further descriptions of the dispositions.

STD Disposition Codes for Partners/Clusters

A – Preventive Treatment
B – Refused Preventive Treatment
C – Infected, Brought to Treatment
D – Infected, Not Treated
E – Previously Treated for This Infection
F – Not Infected
G – Insufficient Information to Begin Investigation
H – Unable to Locate
J – Located, Refused Examination
K – Out of Jurisdiction
L – Other

HIV Disposition Codes for Partners/Clusters

1 – Previous Positive
2 – Previous Negative, New Positive
3 – Previous Negative, Still Negative
4 – Previous Negative, Not Re-Tested
5 – Not Previously Tested, New Positive
6 – Not Previously Tested, New Negative
7 – Not Previously Tested, Not Tested Now
G – Insufficient Information to Begin Investigation
H – Unable to Locate
J – Located, Refused Counseling and Testing
K – Out of Jurisdiction
L – Other

Note: If HIV testing was conducted, the assumption for the disposition rationale is that pre-test counseling is conducted. Only in disposition "J" can "refusal of pre-test counseling" be documented. For the two dispositions where persons are "not re-tested" and "not tested now," this may be due to recent testing, acceptance of counseling but refusal of testing, etc.

Disp. Date (Disposition Date): Use the appropriate date as it relates to the following examination or treatment situation: (MM/DD/YYYY)

1. Examined and treated – Use the date of treatment

2. Examined, not treated – Use the date examined. Document the HIV disposition date this way.

3. Not Examined – Use the date the investigation is closed.

Diag. (Diagnosis): Diagnosis refers to only new cases related to the original patient. If an additional disease is diagnosed that is not related to the original patient, there are two options: 1) the new diagnosis becomes a new Interview Record and/or 2) the new diagnosis will only be documented in the local morbidity database.

Wkr. No. (Worker Number): Enter the worker number of the DIS who brought this Field Record to disposition.

47 – **Post-Test Cnsl?:** If the original patient was interviewed for HIV, enter **Y** = Yes or **N** = No for whether or not the partner/cluster was post-test counseled.

48 – **So/Sp (Source Spread):** For syphilis original patients only, enter a **"1"** if the partner/cluster was the source of the infection for this case or "2" if he/she was a spread. Case management analysis would guide in this determination.

49 – **Invst. Agen. (Investigating Agency):** Enter the FIPS code for the county to which this investigation was sent. This only applies to investigations sent out of your jurisdiction.

50 – **Local Use:** This area is provided for special data collection needs of each program area. See attachment for suggestions for the utilization of this section of the form.

51 – **Date Closed:** Enter the date of case closure in space provided for each disease. The determination of closure should be made by the DIS and the supervisor after all reasonable efforts have been expended on the case. (MM/DD/YYYY)

ORIGINAL PATIENT INFORMATION SHEET – Page 1

ORIGINAL PATIENT INFORMATION SHEET

Patient Name	Epi Responsibility	Case Number	Control Number	Outbreak Number
1	County: 2	3	4	5

6 OP Description: Ht. _____ Wt. _____ Hair (style, color, length) _____ Other (scars, tattoos) _____

SOCIAL HISTORY:

7 Marital Status: *S M W D Sp Unk* 8 Primary Language: ☐ English ☐ Spanish ☐ Other _____ SS# 9 ___-___-____

10 Living Situation: ☐ House ☐ Apt ☐ Jail ☐ Homeless ☐ Transitional (*Shelter, Drug Rehab, Grp Home, Half Way*) ☐ Other _____

Country of Birth 11 12 Time: In U.S. _____ In State 13 At Current Address 14

Living With 15 Relationship 16

Other Interview Period Addresses (*include city*):	Living With:	Dates:	Reason For Moving
17	18	19 to	20
		to	

Education 21 Occupation/Means of Support 22 ☐☐ _____

Work Phone 23 Hours 24 to ____ How Long? 25 Cell/Pager # 26 - _____ Code 27

Emergency Contact 28 Phone 29 - _____ Relationship 30

MEDICAL HISTORY:

Primary Care Provider: ☐☐ 31 32 Date Last Visited __/__/__ Purpose 33

Prenatal Care Provider: ☐☐ 34 Date Last Visited 35 __/__/__

36 Previously Infected With Syphilis? ☐ Y ☐ N ☐ U If Yes, Stage _____ Date Treated __/__/__ With _____

37 Date of Last Reactive STS __/__/__ Type _____ Titer _____ ☐ Unk 38 Date of Last Negative STS __/__/__ ☐ Unk

39 HIV Infected?: ☐ Y ☐ N ☐ U If Yes, Date Diagnosed __/__/__ 40 Receiving Antiretroviral Rx?: ☐ Y ☐ N ☐ U

Other STS or Rx Hx 41

42 Other STD Hx: ☐ CT ☐ GC ☐ HPV ☐ HSV ☐ Other _____ 43 Past Year: ☐ CT ☐ GC ☐ HPV ☐ HSV ☐ Other _____ ☐ Unk

44 Self-Rx: ☐ Y ☐ N ☐ U If Yes, Indicate Source: ☐ Left Over (*own*) ☐ Other Person ☐ Out-of-Country ☐ Other _____

Pregnancy Hx: ☐ Denied 45

RISK ASSESSMENT:

46 ***Past 12 Months***: Sex for $ / Drugs: ☐Y ☐N ☐U 47 Exchanged $ / Drugs for Sex: ☐ Y ☐ N ☐ U 48 Gender of Partners: ☐ M ☐ F ☐ B ☐ U

49 IDU Drug Use: ☐Y ☐N ☐U If Yes, indicate: ☐ Cocaine ☐ Heroin ☐ Methamphetamines ☐ Other _____

50 Non-IDU Drug Use: ☐Y ☐N ☐U If Yes, indicate: ☐ Cocaine ☐ Crack ☐ Heroin ☐ Methamphetamines ☐ Other _____

51 Currently Incarcerated: ☐Y ☐N ☐U 52 In Past Year: ☐Y ☐N ☐U (*Facilities/Dates*) _____

53 ***Past 3 Months***: Sexual Practices: ☐ Vaginal ☐ Anal, Insertive ☐ Anal, Receptive ☐ Oral 54 Anonymous Sex Partners: ☐Y ☐N ☐U

55 Has Pregnant Partner(s): ☐Y ☐N ☐U 56 Victim of: Sexual Assault: ☐Y ☐N ☐U 57 Domestic Violence: ☐Y ☐N ☐U

58 Transgender: ☐ MTF ☐ FTM ☐N ☐U 59 Gang Member: ☐Y ☐N ☐U If Yes, Indicate Gang _____

60 Condom Used At Last Vaginal/Anal Sex?: ☐Y ☐N ☐U 61 Other Risk Behaviors _____

62 *HR* Locales Frequented (*Possible Screening Sites*): ☐ Bars/Clubs _____

☐ Baths/Spas _____ ☐ Dance Halls _____

☐ Parks _____ ☐ Motels _____

☐ Streets _____ ☐ Internet _____

☐ Other _____

63 **OTHER SERVICES ACCESSED** (*Past Year*): ☐ ER ☐ DV ☐ HIV/ EIP ☐ Prenatal ☐ Sub Abuse ☐ WIC ☐ Other _____

64 **REFERRALS MADE**: ☐ DV ☐ FP ☐ HIV/EIP ☐ Prenatal ☐ Sub Abuse ☐ Other _____

65 **OUT-OF-AREA TRAVEL** (*Interview Period*): ☐ No ☐ Yes (*If Yes, document below*):

ORIGINAL PATIENT INFORMATION SHEET – Page 2

Place	Reason	Dates	Companions	Stayed With	Local Sex Partners?
66	67	68 to	69	70	☐ Yes ☐ No ☐ Unk 71
		to			☐ Yes ☐ No ☐ Unk

Comments: 72

MARGINAL INFORMATION CONTACTS *(Account for all interview period sex partners not initiated)*

1	Name	Age	Sex	Race	Exposure Dates	Place of Encounter / Identifying-Locating / Other Risk Information
	73	74	75	76	77	82
		Ht.	Wt.	Hair	Locations	
		78	79	80	81	
2	Name	Age	Sex	Race	Exposure Dates	Place of Encounter / Identifying-Locating / Other Risk Information
		Ht.	Wt.	Hair	Locations	
3	Name	Age	Sex	Race	Exposure Dates	Place of Encounter / Identifying-Locating / Other Risk Information
		Ht.	Wt.	Hair	Locations	
4	Name	Age	Sex	Race	Exposure Dates	Place of Encounter / Identifying-Locating / Other Risk Information
		Ht.	Wt.	Hair	Locations	
5	Name	Age	Sex	Race	Exposure Dates	Place of Encounter / Identifying-Locating / Other Risk Information
		Ht.	Wt.	Hair	Locations	

Every effort must be made to exhaustively pursue and develop information necessary to initiate marginal information contacts and high risk cluster suspects. Draw a single line through each MIC initiated.

Comments: 83

OPIS6.doc Rev 05/12/00

INSTRUCTIONS AND CODE DESCRIPTIONS FOR THE ORIGINAL PATIENT INFORMATION SHEET

The *Original Patient Information Sheet* is designed for use by state and local STD/HIV Disease Intervention Specialists (DIS) who interview individuals who have STD. The purpose of the *Original Patient Information Sheet* is to supplement the Interview Record (CDC for 73.54) by providing a space to record additional medical, social, behavioral risk and travel information about the Original Patient (OP). The form is also used to record information regarding sex partners and high risk suspects to the OP for whom sufficient locating information is currently unavailable and who cannot be initiated to the field for investigation at the current time. Recording additional interview information on this form will assist programs in collecting useful epidemiologic information for case investigation and follow-up, outbreak description, and planning and evaluation purposes. Local policy or legislation may restrict the documentation of HIV information on a written record. If this is the case, local programs should not use HIV sections of this record.

These instructions describe how to complete the *Original patient Information Sheet*. Each numbered item in the instructions corresponds to the number on the sample record.

Note: The "Month/Day/Year" (MM/DD/YYYY) format should be utilized for **all** date fields on this record.

1 – **Patient Name:** Enter the patient's full name, last name first. Any aliases or nicknames should also be recorded here.

2 **– Epi Responsibility (County):** Enter the name of the County in which the patient resides.

3 **– Case Number:** Enter the assigned case number as it appears on the accompanying Interview Record (CDC Form 74.54).

4 – **Control Number:** This pre-printed number can be found in the upper right number of the Interview Record (CDC Form 73.54). It is supplied for data processing/control purposes to link the Original Patient Information Sheet to the Interview record and to all related cases. If a computerized case management system is in place, it is **essential** that this number appear in the "Original Patient Id, Number" section of the related Field Record(s).

5 – **Outbreak Number:** Enter the outbreak number. A unique outbreak number should be assigned to each case in an outbreak investigation. This number will be used for data processing/control purposes in maintaining an epidemiologic database, either manually or electronically, for the outbreak investigation.

6 – **OP Description:** Enter a description of the OP in the appropriate fields. This information may be used to identify the original patient when other investigators may be called on to conduct a re-interview of the OP. The information can also be used to assist in linking the OP to other case-patients who cannot recall the name or locating information of their contacts but can provide a good description of their contacts.

Height: Enter the OP's height in feet and inches. Please estimate if the exact height is not known.

Wt. (weight): Enter the OP's weight in pounds. Please estimate if the exact weight is not known.

Hair (Style, color, length): Describe the OP's hair style, color and length in this field.

Other (scars, tattoos): Describe the OP's other distinguishing characteristics [scars, tattoos, glasses, beard, mustache, earrings, rings, vehicle (make, model, and year), etc.] in this field.

Social History

7 – **Marital Status:** Circle the appropriate code for the OP's marital status.

S = Single
M = Married
W = Widowed
D = Divorced
Sp = Separated
Unk = Unknown

8 – **Primary Language:** Check the appropriate box for the OP's primary language spoken. This may or may not be the OP's native language. If the OP's primary language is "Other", please enter the name of that language in the space provided.

9 – **SSN#:** Enter the OP's 9-digit social security number.

10 – **Living Situation:** Check the appropriate box to indicate the appropriate residence type for the OP's address (as stated on the Interview Record – CDC Form 73.54). If "Other" is checked, describe the type of residence in the space provided.

11 – **Country of Birth:** Enter the OP's country of birth.

12 – **Time: In U.S.:** If the OP's country of birth is other than the United States, enter the number of years/months the OP has lived in the United States.

13 – **In State:** Enter the number of years/months the OP has resided in the state.

14 – **At Current Address:** Enter the number of years/months the OP has resided at their current address.

15 – **Living With:** Enter the name(s) of person(s) living with the OP at the OP's current address.

16 – **Relationship:** Enter the relationship(s) of the person(s) living with the OP at the OP's current address.

17 – **Other Interview Period Addresses (Include City):** In the space provided list all addresses at which the patient lived during the interview period.

18 – **Living With:** Enter the name(s) of person(s) living with the OP at the OP's prior address(es).

19 – **Dates:** Enter the "From" and "To" dates the OP lived at the prior address(es).

20 – **Reason for Moving:** Provide a brief explanation why the OP moved from the prior address(es).

21 – **Education:** Enter the number of years of education completed by the OP.

22 – **Occupation/Means of Support:** Enter the OP's 2 digit occupation code (below) that best describes the OP's occupation or means of support. Use the adjacent line to document specific employer or other means of support.

01 – ***Professional, Technical, and Related Professions*:** Accountant (CPA); actor or dancer; artist; auditor; author; architect; chemist; college instructor; computer programmer; dentist; dietician; DJ (disk jockey); engineer; fashion designer; judge; masseuse; medical assistant or nurse; military (Officer); pharmacist; physician; pilot; social, recreational, or welfare worker; teacher; other professional.

02 – ***Managers, Officials, and Proprietors:*** Business owner; executive; manager (apartment, business, credit, production, store, or traffic); farmer or farm manager; government official; sales representative; other managers, officials, and proprietors.

03 – ***Clerical, Office, and Sales Workers*:** Bank teller; bookkeeper; broker; car salesman; cashier; insurance or real estate agent; medical records tech; office temp; receptionist; secretary; shipping clerk; time keeper; swap meet vendor; telephone operator; other clerical, office, and sales workers.

04 – ***Craftsmen, Foremen, Operatives:*** Air conditioning technician; apprentice; assembler or assembly line worker; baker; barber; butcher; carpenter; construction worker; driver (bus, cab, or truck); examiner or inspector: deliveryman; electrician; firefighter; florist; gardener; guard or watchman; hair dresser; handyman; landscaper; laundry or dry cleaning operative; linesman; maintenance worker or supervisor; mason or tile setter; mechanic or repairman; military (enlisted); painter; pest control; photographer; police officer or deputy; plumber; practical nurse; nurses aide or midwife; roofer; teacher's aide; tailor; toolmaker; tree cutter; welder; other craftsmen, foremen, and operatives.

05 – ***Laborer, Private Household, and Unskilled Workers:*** Attendant; baby sitter; bartender or counter worker (fast food); bus boy; car detailer; cook; domestic; dairy worker; day laborer; fisherman; freight handler; garbage collector; in-home care giver; janitor or porter; longshoreman or stevedore; parking attendant; waiter or waitress; warehouseman; other laborer, private household, and unskilled workers.

06 – ***Field Worker*** (includes migrant farm workers)

07 – ***Student***

08 – ***Housewife***

09 – ***Sex Worker*** (prostitute, "fichera", or someone who exchanges sex for drugs, or survival); adult (pornographic) film actor/actress.

10 – ***Drug Dealer***

11 – ***Unemployed*** (use space provided to describe means of support, e.g., disability, family support).

95 – ***Retired***

99 – ***Unknown or Not Stated***

23 – **Work Phone:** Enter the OP's work phone number.

24 – **Hours:** Enter the OP's work hours.

25 – **How Long:** Enter how long the OP has been with the current employer.

26 – **Cell/Pager #:** Enter the OP's cell phone number and/or pager number.

27 – **Code:** Enter any special codes necessary to reach the OP through the cell phone or pager.

28 – **Emergency Contact:** Enter the name of an emergency contact person for the OP.

29 – **Phone:** Enter the emergency contact person's phone number.

30 – **Relationship:** Enter the relationship of the emergency contact to the OP.

Medical History

31 – **Primary Care Provider:** Enter the two-digit provider type code of the OP's primary care provider from the list below and record the name of the facility or provider in the space provided.

Information Source/Provider Codes

Clinics:	*Other:*
01 – HIV Counseling and Test Site	**08** – Private Physician/HMO
02 – STD	**09** – Hospital (Inpatient)
03 – Drug Treatment	**10** – Emergency Room
04 – Family Planning	**11** – Correctional Facility
05 – Prenatal/Obstetrics	**12** – Laboratory
06 – Tuberculosis	**13** – Blood Bank
07 – Other Clinic (Specify)	**88** – Other (Specify)

99 – Unknown

32 – **Date Last Visited:** Enter the date of the OP's last visit to the primary care provider. (MM/DD/YYYY)

33 – **Purpose:** Describe the purpose of the OP's last visit to the primary care provider.

34 – **Prenatal Care Provider**: Enter the two-digit code for the OP's prenatal care provider (if applicable) from the list above.

35 – **Date Last Visited:** Enter the date the OP last visited their prenatal care provider. (MM/DD/YYYY)

36 – **Previously Infected With Syphilis:** Check the appropriate box. If yes, enter the stage diagnosed, the date treated (MM/DD/YYYY), and the treatment given in the spaces provided.
Y=Yes, N=No, U=Unknown

37 – **Date of Last Reactive STS**: Enter the date of the OP's last reactive serologic test for syphilis for blood results **prior** to the current syphilis infection. (MM/DD/YYYY)

38 – **Date of Last Negative STS:** Enter the date of the OP's last **negative** serologic test for syphilis. (MM/DD/YYYY) Check "Unk" if date of last negative STS is unknown.
Y=Yes, N=No, U=Unknown

39 – **HIV Infected:** Check the appropriate box regarding OP's HIV status. Y=Yes, N=No, U=Unknown. If "Yes," complete the field "Date Diagnosed." (MM/DD/YYYY)

40 – **Receiving Antiretroviral Rx?:** Check the appropriate box regarding whether the OP is receiving antiretroviral therapy for HIV. Y=Yes, N=No, U=Unknown.

41 – **Other STS or Rx Hx:** Describe any other serologic test for syphilis results or syphilis treatment history other than noted above under question 36 or 37.

42 – **Other STD Hx:** Check the appropriate boxes for any other STD the OP has had in his/her lifetime.

CT = Chlamydia	HSV = Herpes Simplex Virus
GC = Gonorrhea	Other = Other STD -- Please Describe
HPV = Human Papilloma Virus	UNK = Unknown

43 – **Past Year:** Check the appropriate boxes for any other STD the OP has had in the last 12 months.

CT = Chlamydia	HSV = Herpes Simplex Virus

GC = Gonorrhea Other – Please Describe
HPV = Human Papilloma Virus

44 – **Self-Rx:** Check the appropriate box if the OP has completed any self-treatment for the current infection. Y=Yes, N=No, U=Unknown. If "Yes," Check the appropriate box indicating the source of the medications used for self-treatment. If "Other" is checked, describe the other source.

45 – **Pregnancy Hx:** Check the "Denied" box if the OP claims no history of pregnancy. If the OP claims a history of pregnancy, document that history in the space provided. This question refers to female OP's only. If the OP is male, leave blank.

Risk Assessment

Past 12 Months

46 – **Sex for $/Drugs**: Check the appropriate box to reflect if the OP has received money or drugs in exchange for sex in the past 12 months. Y=Yes, N=No, U=Unknown.

47 – **Exchanged $/Drugs for Sex:** Check the appropriate box to indicate if the OP has given/paid money or drugs in exchange for sex in the past 12 months. Y=Yes, N=No, U=Unknown.

48 – **Gender of Partners:** Check the appropriate box to indicate the gender of the OP's sex partners in the past 12 months. M = Male, F = Female, B = Both male and female partners, U = Unknown

49 – **IDU Drug Use:** Check the appropriate box to indicate if the OP has injected drugs in the past 12 months. Y=Yes, N=No, U=Unknown. If "Yes," Mark the box(es) of the drugs injected. Mark all that apply. If "Other" is checked, please list the drug(s) injected.

50 – **Non-IDU Drug Use:** Check the appropriate box to indicate if the OP has used non-injectable drugs in the past 12 months. Y=Yes, N=No, U=Unknown. If "yes," check the box for the non-injectable drug(s) used. Mark all that apply. If "Other" is checked, please list the other drug(s) used.

51 – **Currently Incarcerated:** Check the appropriate box to indicate if the OP is currently incarcerated. Y=Yes, N=No, U=Unknown.

52 – **In Past Year**: Check the appropriate box to indicate if the OP has been incarcerated in the past 12 months. Y=Yes, N=No, U=Unknown. If "Yes," provide the facility names and dates of incarceration in the space provided.

Past 3 Months

53 – **Sexual Practices:** Check the appropriate box(es) to indicate the types of sex the OP has had with partners in the last 3 months. Check all that apply.

54 – **Anonymous Sex Partners:** Check the appropriate box to indicate if the OP has had any anonymous sex partners in the last three months. Y=Yes, N=No, U=Unknown.

55 – **Has Pregnant Partners:** Check the appropriate box to indicate if any of the OP's sex partners in the last three months are pregnant or were pregnant at the time of sexual contact with the OP. Y=Yes, N=No, U=Unknown.

56 – **Victim – of Sexual Assault:** Check the appropriate box to indicate if the OP was a victim of sexual assault within the last three months. Y=Yes, N=No, U=Unknown.

57 – **Victim of – Domestic Violence:** Check the appropriate box to indicate if the OP was the victim of domestic violence within the last three months. Y=Yes, N=No, U=Unknown.

58 – **Transgender:** Check the appropriate box to indicate if the OP discloses or is determined by investigative efforts to belong to the group of all people who are inclined to cross the gender line, including cross-dressers, gender-benders, and transsexuals.
MTF = Male to Female Transgender
FTM = Female to Male transgender
N = No
U = Unknown/ Unable to Determine

59 – **Gang Member:** Check the appropriate box to indicate if the OP is a member of a gang. Y=Yes, N=No, U=Unknown. If "Yes," indicate the name of the gang in the space provided.

60 – **Condom Used at Last Vaginal/Anal Sex?:** Check the appropriate box to indicate if the OP used a condom the last time he/she had vaginal or anal sex. Y=Yes, N=No, U=Unknown.

61 – **Other Risk Behaviors:** Describe in the space provided any other risk behaviors of the OP that were not covered earlier.

62 – **HR Locales Frequented (*Possible Screening Sites*):** Check the appropriate box(es) and name in the space provided, all high risk locales/venues frequented by the OP where the OP may meet sex partners or have sex with sex partners. Check all that apply.

63 – **Other Services Accessed (*past year*):** Check the appropriate box(es) to indicate services the OP has utilized in the past 12 months. If "Other" is checked, describe the other service(s) in the space provided. Check all that apply.
ER = Emergency room services
DV = Domestic violence assistance/counseling services
HIV/EIP = Early Intervention Program services for HIV/AIDS diagnosis
Prenatal = Prenatal clinic services
Sub Abuse = substance abuse treatment or counseling services
WIC = Public Women, Infants, and Children health and nutrition services
Other = Any other services accessed

64 – **Referrals Made:** Check the appropriate box to indicate to which service(s) the disease investigator for this case referred the OP for further assistance. If "Other" is checked, describe the other services in the space provided. Mark all that apply.
ER = Emergency room services
DV = Domestic violence assistance/counseling services
FP= Family planning services
HIV/EIP = Early Intervention Program services for HIV/AIDS diagnosis
Prenatal = Prenatal clinic services
Sub Abuse = substance abuse treatment or counseling services
Other = Any other services for which referral was made

Out-Of-Area Travel

65 – **Out-of-Area-Travel (*Interview Period*):** Indicate if the OP has traveled out of the area during the interview period. N = No, Y = Yes. If "Yes," document the travel in the table at the top of page 2 of the Original Patient Information Sheet form.

66 – **Place:** Name the out-of area location(s) the OP visited during the Interview Period.

67 – **Reasons:** Describe the reason the OP traveled out of the area (e.g. vacation, business, family emergency, etc.)

68 – **Dates:** Provide the dates of out-of area-travel.

69 – **Companions:** Provide the names/relationships of persons who accompanied the OP on out-of-area travel.

70 – **Stayed With:** name the person(s) with whom the OP stayed during out-of-area travel.

71 – **Local Sex Partners:** Check the Appropriate box to indicate if the OP had any local sex partners at the out-of-area location. Unk = Unknown.

72 – **Comments:** Enter any additional information regarding the OP's out-of-area travel that is not captured in the table above.

Marginal Information Contacts

Document available information for each sex partner or high risk suspects (refer to definitions noted on the Interview Record instructions) for whom there is insufficient information to initiate a Field Record (FR). When the number of marginal partners is too extensive to be realistically documented, that fact should be noted. (Example: *The patient is a prostitute or provides a history of exchanging sex for drugs and can provide very little in the way of identifying or locating information*).

Every effort must be made to pursue and develop information necessary to initiate marginal information contacts and high risk cluster suspects. Information provided for each marginal partner/suspect should be exhaustively challenged using very detailed, probing questions. Examples of questions that might apply include: *how did you meet; who introduced you; who else was present; what day of week and time of day did you meet; where did the contact take place; did the individual have a car, etc*.

Note: Draw a line through each marginal partner/suspect who is later initiated. Information for initiated marginal partners/suspects **must** be transferred to the Interview Record CDC for 73.54.

73 – **Name:** Enter the partner/suspect's full name – last name first, then first name and middle initial, if known. Aliases/nicknames used by the individual should also be entered here. If only the first name is known, the "Unk" for unknown should be used for the last name. If only the last name is known, enter "unk" for the first name. If only a nickname is known, then "Unk, Unk" can be used for first and last name. The nickname should be written in quotes in this space.

74 – **Age:** Enter the partner/suspect's age or estimated age.

75 – **Sex:** Enter the partner/suspect's sex.

76 – **Race:** Enter the partner/suspect's race/ethnicity.

77 – **Exposure Dates**: Enter the first date of exposure, the last date of exposure, and the frequency of exposure. Example: *12/15/2006 to 01/22/2007, 3x/wk*.

78 – **Ht.:** Enter the approximate height of the partner/suspect.

79 – **Wt.:** Enter the approximate weight of the partner/suspect.

80 – **Hair:** Enter the color, style, and length of the partner/suspect's hair.

81 – **Locations:** Enter the locations where the partner/suspect had sex with the OP.

82 – **Place of Encounter/Identifying-Locating/Other Risk Information**: Describe additional information regarding the partner/suspect. This information may include hangout locations, where the OP met the partner/suspect, additional description information on the partner/suspect such as tattoos or other distinguishing characteristics, vehicle information, and risk behaviors of the partner/suspect.

Interview/Investigation Comments

83 – **Comments:** Use this space to record all relevant interview or investigation comments. These comments should include an interviewer assessment of how cooperative the OP was with the interview and an assessment of the reliability of the data collected during the interview. The interviewer/investigator should present information regarding case investigation plans based on the interview such as plans for re-interview, additional information needed, and follow-up investigation plans.